

Name

FEB 13 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

☑ House

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

□ Senate

Phone: 207-287-4179 Fax: 207-287-6775

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

LINDA F. SANBORN

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 15, 2012. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Mailing address	District							
170 SPILLER RI	/30							
170 SPILLER RI City, zip code CORHAM, ME	Phone (207) 839-466/							
0014111111111	2017031 1001							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each private or pul whom you received compensation of \$1,000 or me								
None	WATERIA ELECTRICA ELECTRICA ELECTRICA EL CONTROL DE LA CON	HARMANIA BILA BILA BILA BILANGAN BILANGAN KANTAN	1348 Central de la Caracteria de La comunicación de la comunicación de la comunicación de la comunicación de l					
Name of Employer	Address		Principal Type of Economic Activity of Employer					
NONESUCH RIVER GOLF CLUB	304 GORHAM RD SCARBORO, ME 04074		GOLF COURSE					
- Agricultura no reconstruir de la marcia del marcia de la marcia del la marcia	o granica in mercanica con activada e e a disente comita de e							
	ANGENETY/ICCANII-WINSO-GOVERNAMENS	KANTIKAN PERINTIKAN PERINTIKAN PERINTIKAN PENINTIKAN PENINTIKAN PENINTIKAN PENINTIKAN PENINTIKAN PENINTIKAN PE						
			Terretain Committee Commit					
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAV	V PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.								
None	irkt i vil stimasi erlötti kalikti (skindikalte rikesalteru indenaseli	маминика баран инто возголового на возговори бина в сен на почен в объекте при четочки изаколомителет на возвителение и селение	and the series of the second included the second control of the second s					
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)					
Name:	er 4 et commission de production de la procession de la p		TO CONTROL OF THE RECOVERED STANDARD AND AND AND AND AND AND AND AND AND AN					
Address:								
Name:	ad 4000000 aleksis kirili k							
Address:								

. PART 2 (continued). INCOME	E DERIVED FROM SELF-EMPLOY	MENT		
B. List each source of income derived from self-employment \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or a economic activity of the entity or person from whom the income	of economic activity of the entity or pe an established code of professional ethi	rson from whom you derived such		
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name:				
Address:	YANGO BANGA BANGO PANGO BANGA	SUUDOVAT NOON ONG ESSANG SANG SANG SANG SANG SANG SANG SANG		
Name:				
Address:				
PART 3. OTHE	R SOURCES OF INCOME			
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	1 or 2 of this form. Do not include gifts	or honoraria. If none, check the		
None	the part of many design of the control and the control of the cont	OPPERENT OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL AND AND THE TOTAL AND AND THE TOTAL AND THE TOTAL CONTROL OF THE TOTAL		
Name and Address of Source	P e	Kind of Income (investments, leases, etc.)		
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Address:	To provide the second s			
Name:	COMMON PORT OF A STATE	222 CONTITUE OF THE PROPERTY O		
Address:	Note that the second se			
PART4 REP	ORTABLE LIABILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit car regulated financial institutions. If none, check the box.	or more that you received during the			
None	негиментика (и межна института (и тим си и полительной отпитентик и межер Эторгородия) и между под под между (под соду до	tt 40000 til 1800 ti		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name;		ANAMATAN MAKAMATAN MAKAMATI MATUNAN TERPENDENTI MATUNAN TERPENDENTA MAKAMITAN MAKAMATAN MAKAMATAN TERPENDENTI MAKAMATAN TERPENDENTI MAKAMATAN MAKA		
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Name:	and an extension of the section of t	на не на неменения выполняющих принципального под под принципального под принципального под принципального до под под принципального под принципал		
Address:				
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATIO	NS		
List the specific source of gifts received during the reporting period	od with an aggregate value of more than	\$300. If none, check the box.		
None	T OPERION COLUMN TO THE OUT OF THE OUT OUT OF THE OUT	+ described by the property of the property		
Name of Source of Gift		The state of Gift and the state of the state		
1. MAINE MEDICAL EDUCATION TRUST	3.			
2.	4.			

	ART 6. HONORARIA				
List the source of any honoraria accepted for appearances	or speeches. If none, check the bo	X.			
None	PTOPP P TOP P TOP P TO THE TOTAL SINE STATE ST	TO MARK STORAGE CONTROL OF A STORAGE			
Name of Source of Honoraria	Nan Constitution of the control of t	ne of Source of Honoraria			
1.	3 .				
2.	4.				
PART 7. REPRESEI	NTATION BEFORE STATE AG	ENCIES			
List each executive branch agency before which you repre box.	sented or assisted others for comp	pensation of any amount. If none, check the			
None	TO PORT OF THE CONTENT OF THE PORT OF THE CONTENT O				
Name of Agency	1930 With GNA Control of Control	Name of Agency			
1.	3 .	3.			
		4.			
PART 8. BUSI List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or None		goods or services with a value in excess of			
Name of Agency	A BEBLIEBEN WER IN DE WESTEREN WESTEREN WERE HER EN AMERIKANISCHEN DES HET MESSEN BESCHEN WESTEREN WESTEREN WE AND IN A DIE HELDE WERE WESTEREN WESTEREN WESTEREN WESTEREN WESTEREN WESTEREN WESTEREN WESTEREN WESTEREN WESTER	Name of Agency			
1.	3.	3.			
2	4.	4.			
	/ED BY MEMBERS OF IMMEDI				
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income represented. If your s	spouse or domestic partner received income			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Inco Received				
Name: TEFF SANBORN	1. HOSPITAL	1. EMPLOYMENT			
Name: <u>JEFF SANBORN</u> Job Title: <u>SAFETY DIRECTOR</u>	2. 3.	2 3			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:	TOTAL PROPERTY AND				
Job Title:					

	PART 10. OFFIC	CER OR DIRECTO	R POSITIONS		
held any office,	it or nonprofit corporation, firm, association, p trusteeship, directorship, or position of any na s compensated. If a family member is listed, i	ature. Indicate whethe	er you or a family r	member held the pos	sition and whether
☐ None	OFFICE THE STATE CONTRACTOR AND	GGI Libribitor V. Libribitor V. Libribitor International Community	HAVING HARIES AND LIKELIS OF THE PROPERTY OF T	enselebblik (E Taillaid et à bela 2000 à renneueroneueronneueronneueronneueronneueronneueronneueronneueronneueronneueronneueronneueronn	Nillandrich Mannel (Side) Mid Steinfelde zu zureiten der erwennen der
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
GORHA	IM SAVINGS BANK	CORPORATOR	SELF		Nο
IST PARI	TH CONGREGATIONAL CHURCH UCC., GORHAM	SENIOR DEACON	SEL (Mo
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		SIGNATURE			
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	ADDITI	IONAL INFORMATI	ION		
	e any additional information below (and c n you are providing. Use additional page		if needed). Indi	cate the part or se	ection number for
Part/Section Number					
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