

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Aaine Ethics Commission

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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

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.

LEG	SISLATOR INFORMATION			
Name		Office:		
DEBORAH SANDERSON		House Senate District		
Waiting address		L" 7		
City, zip code Chelsen Me od3	Nagara	52 Phone 374-7515		
City, zip code		2h1.75/5		
CRELSER ME 843	30	2.14.1212		
PART 1. INCOME DEF	RIVED FROM EMPLOYMENT BY AND	THER		
List the name and address of each private or public emp whom you received compensation of \$1,000 or more. Sp				
None	menance de mendre en dade de la ville de medica de la ville de la	мента на можения ред на почения в на почения на на почения		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
Main Struct Chuse of Representatives 9 Main Veterans Homes	2 State House Elatron Nugusta Maine Pommunile Dring Suits 3 Augusta NE 04330	Sourrement Seattleare LTC		
A. List the name and address of your business or law fire		mic activity or practice from which you		
derived income. If associated with a partnership, firm, preactivity or practice of that entity.	ofessional association, or similar business (entity, list the major areas of economic		
None	NOON TO A THE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL			
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:				
Address:				
Name:	д 1944 ж.	george (and the property of th		
Address:				

PART 2 (continued), INCOME	DERIVED FROM SELF-EMPLOYMENT		
\$1,000, whichever is greater, and specify the principal type of	or law practice that represents more than 10% of your gross income or of economic activity of the entity or person from whom you derived such an established code of professional ethics, specify only the principal type of was derived.		
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name:			
Address:			
Name:			
Address:			
PART 3. OTHE	R SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts box.	1 or 2 of this form. Do not include gifts or honoraria. If none, check the		
None			
Name and Address of Source	e Kind of Income (investments, leases, etc.)		
Name:	1890 PP 1890 to the N.C. of Child of the Act		
Address:	Address of the Control of the Contro		
Name:			
Address:			
Name:			
Address:			
PART 4. REP	ORTABLE LIABILITIES		
	or more that you received during the reporting period, and list the major d liabilities, educational loans, loans from a relative, or business loans from		
None			
Name and Address of Credito	Principal Type of Economic Activity of Creditor		
Name:			
Address:			
Name:			
Address:			
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATIONS		
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			
Name of Source of Gift 1.	Name of Source of Gift 3.		

PA	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances or	**************************************	• *************************************		
☑ None	e en mais e en menero menero en menero e en menero e independente e independente e independente en en en en en	NALINALIA ANALIA ANA IINA AKANIILIAN KILUMINA KILUMIAN MARIMININA MARIMININA (MARIMININA MARIMININA MARIMININA		
Name of Source of Honoraria	Name of So	ource of Honoraria		
4 FILE				
Emus Lucia Maci de 1				
Emirging Leaders NCSL Corp.	and a state of the second seco			
2. in Chicago -	4.			
PART 7. REPRESEN	TATION BEFORE STATE AGENCIE	S		
List each executive branch agency before which you repres box.				
□ None				
Name of Agency	Name	e of Agency		
подательность по принципального до учиниципального до на почений подательного почений подательного почений по	3.			
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2.	4 .			
	i i i i i i i i i i i i i i i i i i i			
PART 8. BUSIN	IESS WITH STATE AGENCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a				
None		NOTAN THE BUILD AND THE PUBLISHEN AND THE PROPERTY OF THE POST OF THE PUBLISHED AND		
wasterness and the second seco	Name	or of Agency		
	$_{a_{2}a_{2}a_{3}a_{4}a_{5}a_{5}a_{5}a_{5}a_{5}a_{5}a_{5}a_{5$			
1,				
2.	4 .	4.		
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE F	AMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind	of income of \$1,000 or more received by	your spouse or domestic partner or		
of \$1,000 or more, list his or her name and job title. List only not include gifts.				
Nome of Chause of Departs Designed and Let Titl	Type of Economic Activity	Vind of Incom-		
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Kind of Income		
Name: Steven Whither Job Title: Operator - Verso taper	1. Yaper Maker	1,		
lab Tiller Markarden - Vaccortance	2	2		
Job Fille. (M. M. Fr. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:		AT MANIAGO CONTROL ESTA CONTROL ESTA CONTROL ESTA CONTROL CONT		

held any office, t	or nonprofit corporation, firm, associat rusteeship, directorship, or position of a compensated. If a family member is lis	any nature. Indicate whe	ther you or a family i	member held the pos	sition and whether
None		ETRETMONEANSTEEN TEET PROPERTIESELS LEEN WELL IN NOVEMEN ACTION D'ONN AND ACTION DE PROPERTIES ACTIONS AND ACTION ACTIONS ACTION ACTIONS ACTIO	THE PROPERTY OF THE PROPERTY O	THE THE PROPERTY OF THE PROPERTY OF THE THE PROPERTY OF THE	1564 AND ANN CLAMBOL MANNES AND BEAUTH TO HER DESCRIPTION AND BEAUTH AND BEAU
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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willfully filed a fa	Ilse statement, it shall refer its finding the statement of the statement		ney General. (1 M	.R.S.A. § 1019) //-///// Date	
Please provide	AD any additional information below (a	DITIONAL INFORMA	225.1146.877.72774144.75724444.75424.75444.874444.	cate the part or se	ection number for
the information	you are providing. Use additional p	pages, if necessary.	ng berkangan peranggan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengang		NATIONALIS POR LINEARIS ALIEN ALIEN ALIEN AND AND AND AND AND AND AND AND AND AN
Part/Section Number					
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PART 10. OFFICER OR DIRECTOR POSITIONS