

Name

FEB 1.5 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

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## 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.

**LEGISLATOR INFORMATION** 

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PART 2 (continued). INCOM	E DERIVED FROM	SELF-EMPLOY	MENT
B. List each source of income derived from self-employmer \$1,000, whichever is greater, and specify the principal type income. If this form of disclosure is prohibited by law, rule, or economic activity of the entity or person from whom the income	of economic activity of an established code of	of the entity or pe	erson from whom you derived such
Name and Address of Sou	rce		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
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PART 3. OTHE	ER SOURCES OF IN	ICOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	s 1 or 2 of this form D	o not include gifts	or honoraria. If none, check the
None	in de de la Carlo de la Ca La carlo de la	· ·	anka tepundan menerakan kancumathan minengang mera nerang dipenakan gegi kawa bangga mengang kalandigi dipenbang dibentuh dibentuh dipenbadi bantur sebebili sebebang
Name and Address of Sour			Kind of Income (investments, leases, etc.)
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PART 4. REF	PORTABLE LIABILI	TIES	
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 caregulated financial institutions. If none, check the box.			
None	4 PROGREDIO (C.C.) - IN THE C.C. STORE IN COLUMN IN THE COLUMN IN THE C.C. STORE IN C.C. AND IN THE C.C. AND I	t servinend ei betreid des sidde die fest een indees til keen aan in die seel van die selde seeme de om ee	TETTER PRIER NEED STATE AND THE PRIER STATE OF THE PRIER STATE OF THE PRIER STATE ST
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PART 5. GIFTS, INCLUDIN	G TRAVEL AND AC	COMMODATIO	NS
List the specific source of gifts received during the reporting per	iod with an aggregate	value of more thar	\$300. If none, check the box.
None	in the light of the trade in the control of the con	не и применения в проделог достине в положения на поднительного поднительного достина достина достина достина д	MONTO MANAGEMENT EN ENCINTENTE DE LA CONTRA MENTAL MENTAL MENTAL CONTRA LA CONTRA DE LA CONTRA DE LA CONTRA LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA
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List the source of any honoraria accepted for appearances	s or speeches. If none, check the box.	۵
None		
Name of Source of Honoraria	Name of S	Source of Honoraria
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PART 7. REPRESE	NTATION BEFORE STATE AGENCI	ES
List each executive branch agency before which you repribox.	esented or assisted others for compensati	ion of any amount. If none, check th
None		minet propriet in the Control of the
Name of Agency	Nan	me of Agency
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PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE	FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts.	ind of income represented. If your spouse	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Mark		THE CONTRACT OF THE CONTRACT O
Name:	1	1
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Dependent Child(ren) - Job Titles Only		
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Job Title:	ia raina dalahanina rama ama ama ama ama ama ama ama ama a	эт об <mark>анаты не ын нишен на на не нише е на надарара друго Медеро до 1977, 1976 (1980) (1986 (1987) 1977 (1987) (1987) (1987)</mark>

List any for profit		CER OR DIRECTO	K POSITIONS		and the second state of th
held any office, tru	or nonprofit corporation, firm, association, pusteeship, directorship, or position of any notempensated. If a family member is listed,	ature. Indicate wheth	er you or a family r	nember held the pos	sition and whether
☐ None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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