

Name



GOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Office:

District

_House

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□ Senate

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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

S Perimeter Au	e		102
Standish Mai	'ne	04084	Phone 787-4352
PART 1. INCO	ME DERIVED	FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or pu whom you received compensation of \$1,000 or n			
☐ None	annesses e «««manore sentence» — son junior vigamen yang a amassas e jerupa (jerupa (jerupa		
Name of Employer	och Semman von still alleman lijviden versen er ansteren bei	Address	Principal Type of Economic Activity of Employer
Maine House of Reps]	e House Sta. a Maihe	600.
Antrak	100 Tha	misan Point Rd	Rail Road
	1-6676		·
PART 2. INCOME DE	RIVED FROM	SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business of derived income. If associated with a partnership activity or practice of that entity.			
None	ROMENTAL PROPERTY OF THE PROPE	erver et mis AND eta location and der ver at 50 en en et exciso i i i collè vi inhibitent dissibility habitet, a tala TAGORRA-Father et estation and and and and an exciso in the excisor in the ex	$\frac{1}{2} \left(\frac{1}{2} \left$
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:		ON CONTROL OF THE TOWN A STOOD OF THE STOOD	AND COMMISSION OF AND COMMISSION OF COMMISSION AND AND AND AND AND AND AND AND COMMISSION OF THE AND AND AND A
Address:			
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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 f economic activity of the entity or person from whom you derived such n established code of professional ethics, specify only the principal type of was derived.
Name and Address of Source	Principal Type of Economic e Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER	R SOURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 box.	or 2 of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
мателия полительного выполнения обращения полительного в политель	######################################
Address:	
Name:	
Address:	
Name;	
Address:	
	ORTABLE LIABILITIES
	or more that you received during the reporting period, and list the major dilabilities, educational loans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	TRANSMENT PARAMETERS AND TO THE WAY A COMMENT AND
Address:	
Name:	
Address:	
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period	d 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.
2000 - 10	4

PAR	T 6. HONORARIA			
List the source of any honoraria accepted for appearances or				
	NOVERHOLD AND AND AND AND AND AND AND AND AND AN			
Name of Source of Honoraria	Name of Sc	ource of Honoraria		
1.	3 .			
2.	4.			
PART 7. REPRESENT	ATION BEFORE STATE AGENCIE	s :		
List each executive branch agency before which you represe box.	nted or assisted others for compensatio	n of any amount. If none, check the		
Name of Agency	Name	A A A A A A A A A A A A A A A A A A A		
	variant variant subject in variant for hand in the subject in the	e of Agency The office of the control of the contr		
1.	 За. 			
· 2.	4.			
List each executive branch agency to which you or a membe \$1,000 during the reporting period. Indicate whether you or a None	ESS WITH STATE AGENCIES or of your immediate family sold goods of family member sold the goods or service	or services with a value in excess of s. If none, check the box.		
Name of Agency	мотетический при	e of Agency		
1.	3.	от не полительной под под него под нег		
2.	4.	4.		
	D BY MEMBERS OF IMMEDIATE F			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only the not include gifts.	of income represented. If your spouse of	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		
Name: Pascale Delsol Shaw Job Title: Teacher	1. Teachins 2	1. <u>Employmen</u> 1 2		
Dependent Child(ren) - Job Titles Only				
Job Title:	мен больштво и полительного польшо польшого поль			
Job Title:	OFFICIAL SOUTH FOR THE STATE OF THE SOUTH AS SOUTH FOR A SOUTH FOR			
Job Title:				

held any office,	t or nonprofit corporation, firm, association trusteeship, directorship, or position of any compensated. If a family member is liste	y nature. Indicate whe	ther you or a family	member held the pos	sition and whether
None	том честь подосновать изобили выпотать поводовыми на выдовыми на продости на продости на продусти на променения на продусти на прости на продусти на при на продусти на при на продусти на при на пр	BEDRIC EN PRESENCIA STANICA EN EL ESTERIO DE CASA PARA EL COMPANDO EL ASTERNACIO A ANTONIO DE ANTONIO DE ANTONIO ANTONIO DE A	musilianako eta errar II-lestiniarran antai di di di commonto (nainalia 32 de se Edicidi di Antibilia (2000/2564 Edi	ritanioni 2 den di Tabric de La PETE de Californio de Salvado de Salvado de Salvado de Salvado de Canada de La	villaudes e en ultimos N 216 (aug 1212) de John Nigel (1924 DE SEED 12 67) 2005 De John Seed (1925 DE SEED 1200 DE SEED 12
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
	1994 (II v ⁱ ii) до од энгіління от	MENTALE COMMON COMMON CONTROL OF THE	SANTE LA COLLINA CARAMINENE LA ESTIMA EL AMBINISTA CAMBINAS CARAMINAS CARAMINAS EL CARAMINISTA CARAMINAS C	POPEL PLANE CONTROL AND	999209415V 622251A-d-olekVV-[1:71:0:0:per/maller [1-remm-1-v-v
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		SIGNATURE			
Musico	Signature		_1-	4-/2 Date	-
	ADD	ITIONAL INFORMA	TION		
	any additional information below (any you are providing. Use additional pa		ts if needed). Ind	icate the part or se	ection number for
Part/Section Number					
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PART 10. OFFICER OR DIRECTOR POSITIONS