

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

LEGISLATOR INFORMATION

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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

FEB 15 2012

## 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 Clerk of the House or Secretary of the Senate 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.

| Name   |   |  |  | Office:  |  |
|--|---|--|--|--|--|
| Mailing address Roger 1 Sherman P.O. Box 682   |   |  | ☐ House  | <b>⊈</b> Senate  |  |
| Mailing address  |   |  |  | District   |  |
| P.O. Box 683   | L   |  |  | 3  | 4  |
| City, zip code   | •   |  |  | Phone  |  |
| City, zip code Houlton, Me 04930   |   |  | Phone 532-7073   |  |  |
| PART 1. INCOM  | ME DERIV  | ED FROM EMPLO  | DYMENT BY AND  | THER   |  |
| List the name and address of each private or pu whom you received compensation of \$1,000 or m   | blic employore. Specif                                      | er, including the Leg<br>y the principal type o  | gislature and any ag<br>of economic activity   | gency or subdivision of each employer.   | on of the State, from  |
| None   |   | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | да бай да бай да бай бай бай бай бай бай бай бай бай ба  | TEEPHEEPHEEPHEEPHEEPHEEPHEEPHEEPHEEPHEEP   |  |
| Name of Employer   |   | Address  | ORGER (ECONOMICE) E ESTADOS ES<br>SENTENCIO ESTADOS ESTA | Principal Type of Economic Activity of Employer  |  |
| Maine State Sonafe   | Sta   | te House   | Statun   | Jovernm  | nent   |
|  | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$    |  |  | **************************************   |  |
|  | от детаком и менена донне                                   | manya mananga matuunga pe matigapiyan, manigagangi migatiri sasian da  | જર્મના ૧૧૧ માટા તાત્ર અભાગોલ હતા માટે તેમાં તાલે કુલાય નામણ તુવા હોમના ભાગવાનું કૃષ્ણિયા છે. <u>સાર્થિય પ્રાથમિક ભા</u> શ  | AND STATE CHARLES CONTROL CONT   | YARINYA CITETIYA CINATA (ARANA KARIA K |
|  |   | 10410-00   |  |  |  |
| PART 2. INCOME DE  | RIVED FR  | OM SELF-EMPLO  | OYMENT OR LAW  | / PRACTICE   |  |
| A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity. | r law firm, il<br>firm, profes                              | f any, and list the m<br>sional association, o   | ajor areas of econor<br>or similar business e  | mic activity or prac<br>entity, list the majo  | ctice from which you<br>r areas of economic  |
| None   | itte stammin structure communicative communicative stamming | иностинит в подости дости дости дости и подости досто достиности и подости достиности достиности достиности до   | PROPERTY AND   | Сбочастот учества на моналена сакона у моналали илине «мен с-нел» извениами  | ennen i Army (2014) er en  |
| Name and Address of Business Entity or Law Firm  |   | Major Areas of Economic Activity/ Law Practice (self)  |  | Major Areas of Economic Activity/<br>Law Practice<br>(partnership, association, firm or similar<br>business entity)  |  |
| Name: Royer L Sherman  |   | Farm/ Wesd   | LOTS L   | Sale Hay   | 1 - Sturpage   |
| Address: Po. Box 652 Houston m   | e 0473  | THE STATES OF TH | **************************************   | The state of the s | PROFESSIONAL STANDARD AND SEES ON CONTRACT OF CONTRACT AND ASSESSION ASSESSION ASSESSION ASSESSION ASSESSION A |
| Name:  | Over  |  |  | No demma sus   |  |
| Address:   |   |  |  |  |  |
|  |   | <u>:</u>   |  | :  |  |

| PART 2 (continued). INCOME DE  | ERIVED FROM SELF-EMPLOYMENT  |
|--|--|
| \$1,000, whichever is greater, and specify the principal type of ed  | law practice that represents more than 10% of your gross income or conomic activity of the entity or person from whom you derived such stablished code of professional ethics, specify only the principal type of derived. |
| Name and Address of Source   | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income  |
| Name: Roger LSherman   | hav Sales  |
| Name: Roger L Shermon<br>Address: Po. Box  | hay Sales<br>Wood Sturpogy   |
| Name: Address:   |  |
| PART 3. OTHER S  | OURCES OF INCOME   |
| List each source of income of \$1,000 or more not listed in Parts 1 or box.  | 2 of this form. Do not include gifts or honoraria. If none, check the  |
| None   |  |
| Name and Address of Source   | Kind of Income<br>(investments, leases, etc.)  |
| Name: TD Bank, USA   |  |
| Address: Hoodquantes IN Car  | rada Dividenter  |
| Name:  | · ·  |
| Address:   |  |
| Name;  |  |
| Address:   |  |
| PART 4. REPOR  | TABLE LIABILITIES  |
|  | more that you received during the reporting period, and list the major bilities, educational loans, loans from a relative, or business loans from  |
| None   |  |
| Name and Address of Creditor   | Principal Type of Economic Activity of Creditor  |
| Name:  |  |
| Address:   | ·  |
| Name:  |  |
| Address:   |  |
| PART 5. GIFTS, INCLUDING T   | RAVEL AND ACCOMMODATIONS   |
| List the specific source of gifts received during the reporting period w   | ith 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.   |
| 1.  district reconstruction commence consideration and the conside | $oldsymbol{4}.$  |
| <b>5</b> .   |  |

| List the source of any honoraria accepted for appearance   | PART 6. HONORARIA  | territ   |
|--|--|--|
|  | ea or apecores. If note, order the box.  | NAMERITALINGUT PLOPEN PURTUN SUID OL ENGEN UND GUNDON ENGEN PROGRAM AND  |
| None Name of Source of Honoraria   | Namo of Sc   | ource of Honoraria   |
| 1.10 + and the state of the s |  | mmummummummummummummummummummummummummu  |
| 1.   | 3.   | 1  |
| 2.   | 4.   | an kina waka dan samu, da da sami da kina da k   |
| PART 7. REPRES   | SENTATION BEFORE STATE AGENCIE   | <b>S</b>   |
| List each executive branch agency before which you repoon.   | presented or assisted others for compensation  | on of any amount. If none, check th  |
| None   |  | d Sending an assured surface ( 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 19   |
| Name of Agency   | Nam  | e of Agency  |
| 1.   | 3.   |  |
| 2.   | 4.   |  |
| List each executive branch agency to which you or a m<br>\$1,000 during the reporting period. Indicate whether you<br>None   |  |  |
| Name of Agency   | THE CONTRACT OF THE CONTRACT O | oneman man musicul menuncul menuncul menuncul menuncul kerinda kerinda kanda kerinda kerinda kerinda kerinda k<br>e of Agency<br>menuncul menuncul menuncul menuncul menuncul menuncul menuncul menuncul menuncul menuncul kerinda kerinda keri  |
| 1.   | <b>3</b> .   |  |
| 2.   | 4.   |  |
| ***  | EIVED BY MEMBERS OF IMMEDIATE F  |  |
| List the type of economic activity representing each sou dependent child(ren) during the reporting period and the of \$1,000 or more, list his or her name and job title. List on the include gifts.   | kind of income represented. If your spouse   | or domestic partner received income  |
| Name of Spouse or Domestic Partner and Job Title   | Type of Economic Activity<br>Representing Source of Income<br>Received   | Kind of Income   |
| Name: <u>Patricia A Shermai</u><br>Job Tille: <u>Manger Waiver Homes</u>   | 1. Munager Walver Home<br>2. Homes for handicap  | 1. <u>Salary</u><br>2  |
| Job Tille: Manger Waiver Homes   | 2. Homes for Mandi Cap 3. person   | 2<br>3.  |
| Cla  | 3. <u> </u>   21780"   | J  |
| Dependent Child(ren) - Job Titles Only   | and address on the second and address and  |  |
| Job Title:   |  |  |
| Job Title:   |  |  |
| Job Title:   | A COLON POR LOS AND ACTOR ACTO | gget gallmill Migrate ( 10,000 to Phytymin Amerikaan serven an either either eine either eith |

| I the position was  | compensated. If a family me   | ember is listed, inc   | ure. Indicate whe<br>dicate your relatio   | ther you or a family i<br>nship and the name                         | member held the pos<br>of the family membe   | ition and whether<br>ir.   |
|---|---|--|--|--|--|--|
| None  | \$29 STATEMEN AND AND AND AND AND AND AND AND AND AN                      | AL A COMPATITION OF THE COMPANY COMPANY AND THE PROPERTY AND COMPANY AND COMPA | STOCK STEERING APPLICATION STOCKES TO DESTROY AND APPLICATION APPLICATION AND APPLICATION APPLICAT | e een viinstatiit. 2001 oo maaruureen oo vermeumeen een oo uu uummuu | HELDON CHIMANIA PROPERTY I HELDONG AND PRETTY OF THE   | $a_{223}, c_{13}, c_{23}, c_{$ |
|   | Organization/Business<br>and Address                                      | PACE PASS TO P | Title  | Position Held<br>By:   | Family Member's<br>Name  | Compensated?   |
|   |   |  | de control de la control de control de la control de c   |  |  | Movime erwo erwo to the source and environmental points error convention procured  |
| THE RESIDENCE OF THE PROPERTY |   | PONDARO PONDARO DE ENTRE DE SENTE A ESTA PONDAR DE SENTE A ESTA PONDARO DE SENTE A ESTA PONDAR DE SENTE A ESTA   | 1880 1885 of the Colon of Andrews and an advantage are suggested.  |  | and, quarrannos reservados sense arta labocante como est laboca estraciones de labocante con como esta de consciencio de labocante con consciencio de labocante c | тытым темпет сектем сектем а того менения переменен а тори выменен   |
|   | <u> </u>  |  |  |  |  |  |
|   |   |  | SIGNATURE  |  |  |  |
| willfully filed a ra  | alse statement, it shall refe   | er its findings of   | fact to the Attori   | ney General. (1 M  | .R.S.A. § 1019)  |  |
| Please provide the information  | Signature  Signature  any additional information you are providing. Use a | n below (and on  | NAL INFORMA<br>additional shee<br>if necessary.  |  | Date  Date  Cate the part or se  | ction number for   |
| Please provide the information Number   | any additional information  | n below (and on  | additional shee<br>if necessary.   |  |  | ction number for   |

PART 10. OFFICER OR DIRECTOR POSITIONS