

Name

JAN 17 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Office:

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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.

LEGISLATOR INFORMATION

| Heather Sirocki Mailing address 32 Glendole Ci City, zip code Scarboroust HI | District /28 Phone 207.883 | □ Senate - - ∫ (a 0 9 | | | | | |
|---|--|--|--|--|--|--|--|
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer. | | | | | | | |
| ☐ None | representative re-currence, examined a communicative, exempressed, 7.5, miled \$16,586,42,4 (46,555,46,36,36,36 | NEI SCEEN IN COURT (EEELE MAAR OF LEIGHE II AF EAR SCHAAR AN | AND THE RESERVE OF THE PROPERTY OF THE PROPERT | AS EXTERNITY AND A STANCE OF THE CONTROL OF THE STANCE OF | | | |
| Name of Employer | Address | | Principal Type of Economic Activity of Employer | | | | |
| Maine State House of Representatives | | House Station to ME | Governm | | | | |
| Corey + Then PA | 25'4 W South Po | te ME estern Aue. Hund Maine | RDH/R. | entionist | | | |
| PART 2. INCOME DE | RIVED FROM SEL | F-EMPLOYMENT OR LAW | | | | | |
| 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 | | | | NECOCIONA CHE AMAGERICE ELLA RECONOCIONACIONA CHE EMPLICA EL ESPACIENCE MENERAL MEDICA. | | | |
| Name and Address of Business Entity or Law Firm | | Major Areas of Economic Activity/ Law Practice (self) (partnership, a | | Economic Activity/ Practice ciation, firm or similar ss entity) | | | |
| Name: | | | | A 200 (11 A COLOR) - (12 A COLOR) A 200 (10 A COLOR) | | | |
| Address: | TEO/PRINT PRINTER AND PRINTER AND PRINTER AND | · | | | | | |
| Name: | The second of th | ————————————————————————————————————— | The state of the s | The state of the s | | | |
| Address: | | | | | | | |

| PART 2 (continued). IN | COME DERIVED FROM S | ELF-EMPLOYMENT |
|---|--|--|
| B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, rul economic activity of the entity or person from whom the in | type of economic activity of le, or an established code of p | the entity or person from whom you derived such |
| Name and Address of | f Source | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income |
| Name: | | 10.00014 |
| Address: | | |
| Name: | matana na manany amin'ny fivondrona ny taona ny taona na | |
| Address: | | |
| PART 3. (| OTHER SOURCES OF INC | OME |
| List each source of income of \$1,000 or more not listed in box. | Parts 1 or 2 of this form. Do | not include gifts or honoraria. If none, check the |
| None | ung ganggagang angga punanununung unung unung unung unung dan di dan di Carlon (dan di Carlon (d | |
| Name and Address of | f Source | Kind of Income (investments, leases, etc.) |
| манения и мониционального высосновного высосновного и и и и и и и и и и и и и и и и и и | en e | те до пред пред пред пред пред пред пред пред |
| Address: | | |
| Name: | russammen menent sammen masurus versen versek ka russ. CV-b cas ela Adilla (yak air 1240) ini hali di ini di m | we are a graduated and a street commence of the street commence of t |
| Address: | | |
| положного положения положения положения положения положения положения положения положения положения положения Name: | alkajus di 20 mejak 20 mejak 20 meja 20 pagamennenga pilagagan pagar sa merih daman benda pilaka daribah 19 18 200 de ta | THE SECRET CONTROL OF THE SECRET PROPERTY OF |
| Address: | | as officer accordance |
| PART 4. | REPORTABLE LIABILIT | IES |
| List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list cre regulated financial institutions. If none, check the box. | | |
| None | paulut zone but annet frede et strumst er men et meatt reakkanne annet bonen fe et ball verste fit ballender d | |
| Name and Address of Creditor | | Principal Type of Economic Activity of Creditor |
| то политивности политивности и поли | yangungan mekahumbah 1862 melah mendalah di Palamentan 1882 Memberah 1882 Memberah 1882 Memberah 1882 Memberah | COCOMICATE DE SENSION DE CONTRACTOR DE CONTR |
| Address: | | |
| Name: | uurun 15-egi qili qiligi etti Arida Maria Maria Miqistani kun atti maria Likiti in 1994-ti Dili dili dharida M | |
| Address: | | |
| PART 5. GIFTS, INCLU | UDING TRAVEL AND ACC | COMMODATIONS |
| List the specific source of gifts received during the reportin | | appendy factoristics and make in the consequence of the constitution of the consequence of the consequence of |
| None | LIDANA KAMIS KATERON MARKATAK METANGARAN METANGAN METANGAN METANGAN METANGAN METANGAN METANGAN METANGAN METANG | |
| Name of Source of Gift | TO THE PROPERTY OF THE PROPERT | Name of Source of Gift |
| 1. | 3. | under des productions de la company de la co |
| 2. | 4. | |

| radio per de la companio de la comp La companio de la co | ART 6. HONORARIA | | |
|--|--|---|--|
| List the source of any honoraria accepted for appearances | or speeches. If none, check the box. | | |
| √ None · | | | |
| Name of Source of Honoraria | Terrer proposed and the proposed of the propos | of Source of Honoraria | |
| 1. | 3. | | |
| 2. | 4. | ACCES AND THE CONTROL OF CHECK AND A SUBJECT OF CHECK AND CHECK AND ACCES AND CHECK | |
| PART 7. REPRESE | NTATION BEFORE STATE AGEN | VCIES AND THE PROPERTY OF THE | |
| List each executive branch agency before which you reprebox. | esented or assisted others for comper | nsation of any amount. If none, check the | |
| None | ના લાકા માત્ર હતા માત્ર જ્યાર જિલ્લાના માત્ર ભાગમાં માત્ર વધા માત્ર જિલ્લામાં આવેલી મૃતિ સાહિત માત્ર જિલ્લામાં | | |
| Name of Agency | | Name of Agency | |
| 1. | 3. | | |
| 2. | 4. | | |
| PART 8. BUS | INESS WITH STATE AGENCIES | | |
| List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or | nber of your immediate family sold go a family member sold the goods or se | ods or services with a value in excess of ervices. If none, check the box. | |
| None | | | |
| Name of Agency | | Name of Agency | |
| 1. | 3. | | |
| 2. | 4. | | |
| PART 9. INCOME RECEIV | ED BY MEMBERS OF IMMEDIA | TE FAMILY | |
| 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 onl not include gifts. | nd of income represented. If your spo | ouse or domestic partner received income | |
| Name of Spouse or Domestic Partner and Job Title | Type of Economic Activity Representing Source of Income Received | e Kind of Income | |
| Name: Stephen Sirocki Job Title: Systems Engineer | 1 | 1. Employment 2. | |
| | 3 | 3. | |
| Dependent Child(ren) - Job Titles Only | rome freel State | , exe | |
| Job Title: Restaurent Fryer/sur | Dependent Chile | 1 Employment | |
| Job Title: Mitchen help | Restancet | | |
| Job Title: The local transfer of the local t | TT | Employ ment | |

| List any for-prof | PART 10 | OFFICER OR DIRECTO ociation, partnership or busines | | a member of your im | mediate family |
|---|---|---|--|--|--|
| held any office, t | trusteeship, directorship, or position s compensated. If a family member | n of any nature. Indicate wheth | ner you or a family r | member held the pos | sition and whether |
| None | | | WEEKEN TO THE TO THE TOTAL TO T | And the second s | CORR. 4.100*76.4 (1.100*76.4 (|
| CONTRACTOR | Organization/Business and Address | Title | Position Held By: | Family Member's Name | Compensated? |
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| | | V | | | |
| | | SIGNATURE | | | |
| The intentional: | no willfully fails to file a required s filing of a false statement is a Cl alse statement, it shall refer its fi | lass E crime. If the Commis | ission concludes t | that it appears that | |
| Herdy | Signature | | 01:0 |) 4 /1 / 2 Date | |
| | | | MINISTER | | |
| | | ADDITIONAL INFORMAT | TON | | |
| | e any additional information below n you are providing. Use addition | | s if needed). Indi | cate the part or se | ction number for |
| Part/Section Number | | | | | |
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