

FEB 15 2012

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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.

**LEGISLATOR INFORMATION** 

Name			Office:
Lors A Snove Wello			☐ House ☐ Senate
Mailing address			District
Lors A Snowe Mello Mailing address  100 Mechanic Falls Res City zip code Taland Meo 4274	le		15
City_zip code			Phone
tolande meodory			207-704 9136
PART 1. INCOM	IE DERIV	ED FROM EMPLOYMENT BY AND	OTHER
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	olic employore. Specif	er, including the Legislature and any a y the principal type of economic activity	gency or subdivision of the State, from of each employer.
None			
Name of Employer	DIŚCIAŚCIA SERIEBIJOWA CHIEBIJI COMPONENCEMIECE	Address	Principal Type of Economic Activity of Employer
	NO CONTRACTOR OF A PROPERTY OF	ikilikidi kantini lani-is-is-is-is-is-in-in-in-in-in-in-in-in-in-in-in-in-in-	ને વિદ્યાસિક માત્ર કરે કરતા મહારાજ માન્યકા તર કરાશા માત્ર કરાયા માત્ર કરાય કરવાન નામન નામના નામાં સામાણ કરવા ક માત્ર કર્માં માત્ર કર્માં માત્ર કર્માં માત્ર કરવા માત્ર કરાય માત્ર કરાય કરવાન નામના માત્ર કરવાન નામાં માત્ર કર
			:
PART 2. INCOME DER	RIVED FR	OM SELF-EMPLOYMENT OR LAV	V PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, tactivity or practice of that entity.	law firm, it	f any, and list the major areas of econo sional association, or similar business	mic activity or practice from which you entity, list the major areas of economic
None	та чиныличено основни планен и принаго	итерен Андерий (1970—444 годи) деновый бежден болиштенный менен и положений	HPR-MEMBER OF PROPERTIES (In the collection of the anternative employment and account of the collection of the collectio
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:		and the second s	TO THE STATE OF TH
Address:			
Name:	en-egazing promise graph of the promise of the graph of promise graph of the graph of the graph of the graph of		
Address:			
		<u> </u>	\$

PART 2 (continued). INCOME D	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:	
Address:	110 d
мате:	
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 (investments, leases, etc.)
Name: Bran Kmello	
Name: Bran Krnello Address: 177 Machanie Pales Pal, Pet	land meoryang extension.
Name:	
Address:	
Name;	
Address:	
PART 4. REPOR	TABLE LIABILITIES
	more that you received during the reporting period, and list the major abilities, educational loans, loans from a relative, or business loans from
None .	WE NOT GO 2 BE AND CONTROL OF THE PROPERTY OF THE WAY AND
. Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE ARMS AND ADDRESS OF THE STREET OF THE ARMS AND ADDRESS
Address:	
/ PART 5. GIFTS, INCLUDING TI	RAVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period w	
None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

Ł

	PART 6. HONORARIA	
List the source of any honoraria accepted for appearance	s or speeches. If none, check the box.	
None		
Name of Source of Honoraria	Name of	Source of Honoraria
1.	3.	
1888-1899-1899-1899-1899-1899-1899-1899	4.	and the state of the distribution of the state of the sta
PART 7. REPRES	ENTATION BEFORE STATE AGENC	IES .
List each executive branch agency before which you rep	presented or assisted others for compensa	tion of any amount. If none, check the
None		HARAM HARAN ARTIN SEMBER (AN ARTIN THE THE TOTAL BETTER BETTER BETTER BETTER BETTER ARTIN THE
Name of Agency	Na	me of Agency
1.	3.	
	4.	
PART 8. BU  List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you	SINESS WITH STATE AGENCIES  ember of your immediate family sold good or a family member sold the goods or servi	s or services with a value in excess of
None	OF A TRIBING HIGHIDE GOOD THE GOODS OF SOLVE	
Name of Agency	Nai	me of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECE List the type of economic activity representing each sour dependent child(ren) during the reporting period and the of \$1,000 or more, list his or her name and job title. List o not include gifts.	kind of income represented. If your spous	by your spouse or domestic partner or e 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: Brian Khello Job Title: Retvied	1. Soual Secrety 2. Renover	1. 2/100 pu month
Job Title: Retured	2. <u>(LAUSTAN)</u> 3	3
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:	20 C   10	
Job Title:		

None None				•	
	Organization/Business and Address	verticity transmirrant of comparable in contract and a comparable in the contract and a contract	Position Held By:	Family Member's Name	Compensated?
		According to the second	Securior and anti-control of the security of t	TON OF CONTROL CONTROL OF CONTROL CONT	(2006)
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		SIGNATURE			
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e intentiona Ifully filed a	al filing of a false statement is a Cla false statement, it shall refer its fin A Armu Mello Signature	ass E crime. If the Comn adings of fact to the Attor	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019)	a Legislator ha
e intentiona Ifully filed a	al filing of a false statement is a Cla false statement, it shall refer its fin A Armu Mello Signature	iss E crime. If the Comn	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019)	a Legislator ha
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le intentiona Ilfully filed a	al filing of a false statement is a Cla false statement, it shall refer its fin  A And Mello Signature  de any additional information below on you are providing. Use additional	ADDITIONAL INFORMA  (and on additional sheal pages, if necessary.	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019)	a Legislator ha
e intentional fully filed a sease provice e information	al filing of a false statement is a Cla false statement, it shall refer its fin  A And Mello Signature  de any additional information below on you are providing. Use additional	ADDITIONAL INFORMA  (and on additional sheal pages, if necessary.	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019)	a Legislator ha

PART 10. OFFICER OR DIRECTOR POSITIONS