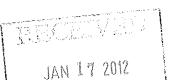


Mail: 135 State House Station, Augusta, Maine 04333

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 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.

	LEGISL	ATOR INFORMATION		
Name	- la		Office:	
MAdonnA Soctom	arc		☑' House	☐ Senate
Mailing address			District	
P.O. BOX 341		E.		
City, zip code Perry M	046	67	Phone	
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each private or pul whom you received compensation of \$1,000 or mo	olic employed ore. Specify	er, including the Legislature and any ag the principal type of economic activity of	ency or subdivi of each employe	sion of the State, from er.
None	A CILLERON DEL BROKE EL ESPECIAL DE SERVICIONES EL CONTRIBUTO DE CONTRIBUTO. DE CONTRIBUTO DE CONTRI	estates de sector nombre de como en como en el como en	PETENCHENETT TABLETA COURT TA ELLID CAN CALANTA VA TANANANA	
Name of Employer	Address		Principal Type of Economic Activity of Employer	
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PART 2. INCOME DEI	RIVED FR	OM SELF-EMPLOYMENT 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, it firm, profes	any, and list the major areas of econor sional association, or similar business e	mic activity or pentity, list the ma	ractice from which you ajor areas of economic
None				
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:				
	NIFETTO NOW PROTECTIVITY THE MINING THE MAN		EST (M. ESPERATURA A M. GARGINERA F. M. A CONTROL ESPERATURA PORTUGA A MANTINE CONTROL A MANTINE CONTR	HAREEN MERCHEN COMPRESSOR OF THE THE PERCHENT STATE AND THE PERCHANGE OF T
Name:				
Address:		TA ALLEN TO THE TANK		

PART 2 (continued). IN	ICOME DERIVED FROM S	ELF-EMPLOYMENT
B. List each source of income derived from self-emple \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, re economic activity of the entity or person from whom the in	oyment or law practice that re type of economic activity of ale, or an established code of p	epresents more than 10% of your gross income or the entity or person from whom you derived such
Name and Address o	of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Transfer China Park Transfer (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (1920) (	
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The state of the s	OTHER SOURCES OF INC	
List each source of income of \$1,000 or more <u>not listed</u> in box.	Parts 1 or 2 of this form. Do r	not include gifts or honoraria. If none, check the
None		THE PROPERTY OF THE PROPERTY O
Name and Address o	Kind of Income (investments, leases, etc.)	
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Address:		
PART 4.	REPORTABLE LIABILITI	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.	\$3,000 or more that you recei edit card liabilities, educational	ived during the reporting period, and list the major loans, loans from a relative, or business loans from
потем на при поте	. 1999 Г. Пов 1990 г. пов 199	999// т. «Пто Пто 100 100 100 100 100 100 100 100 100 10
Name and Address of	Principal Type of Economic Activity of Creditor	
Name:	IR (III) details detail details detail in the details detail	
Address:		
Name:	TALESCEL ERMENYSSERIEREN MENTEL STEINER FRANK FRANK :	
Address:		
PART 5. GIFTS, INCLI	UDING TRAVEL AND ACC	OMMODATIONS
List the specific source of gifts received during the reportir	ng period with an aggregate val	lue of more than \$300. If none, check the box.
None	ya-ugu-ugu-ugu-ugu-ugu-ugu-ugu-ugu-ugu-ug	
Name of Source of Gift	100 C and $100$	Name of Source of Gift
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PA	ART 6. H	ONORARIA	
List the source of any honoraria accepted for appearances	or speech	es. If none, check the box.	
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List each executive branch agency before which you repre		Assisted others for compensation	
box.	idelikeu o	dobioled officer for compensation	I UI any amount. In none, eneer the
None	da timesta sala sala sala sala sala sala sala s		
Name of Agency	\$1,000 m/s \$1,500 million for the factor of continuous hard the	Name	e of Agency Beauty some to the control of the contr
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List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or			
None	erentust deets (2005) een kalaistet een een siid on ka	મું આવેલા આ આવેલા કરે છે. આ પાલા માર્ચ સામાં સાથે સામાં આવેલા માર્ચ સાથે માર્ચ સાથે માર્ચ સાથે સાથે માર્ચ સાથે	
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		MEMBERS OF IMMEDIATE FA	
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 only not include gifts.	nd of incor	me represented. If your spouse of	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income Received	Kind of Income
Name:	1		1
Job Title:			2
JOD Fille.	3		3
Dependent Child(ren) - Job Titles Only	DOTTERNA O TENEVA ANTENIA DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO		
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	PART	10. OFFICER OR DIRECTO	OR POSITIONS			
held any office,	fit or nonprofit corporation, firm, as trusteeship, directorship, or position s compensated. If a family membe	ion of any nature. Indicate wheth	ther you or a family i	member held the pos	sition and whether	
None			TO SECURITY	2000 August 100 August		
Grand Carlot Calabath Carlot Calabath Constitute Carlot Ca	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?	
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	Signature		Date			
			* * * * * * * * * * * * * * * * * * *			
		ADDITIONAL INFORMAT	TION			
	e any additional information be n you are providing. Use additi		s if needed). Indi	icate the part or se	ction number for	
Part/Section Number						
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