



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

FEB 17 2012

Makes States Construction

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 Meredith N.S.	tean Burgess	Office: House Senate		
Mailing address 155 Tuttle R	District 108			
City, zip coster unberland	0402	Phone 207-829-6264		
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				
Name of Employer	Address -1	Principal Type of Economic Activity of Employer		
Burgess Abreating	1290 Concread St Postland, Ne 04102	, Marcoline		
Me Hate legislature	augerotablaine	Public Policy		
v	~			
	······································			
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE				
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				
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:				
Address:				

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or p income. If this form of disclosure is prohibited by law, rule, or an established code of professional eth economic activity of the entity or person from whom the income was derived.	erson from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	•
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the
□ None	-
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Meredith N. Shang Burgess , DH	
Name: Meredith N. Strang Burgess St, PH Address: Assorted properties Lizgle Congress St, PH	Incane
Name:	
Address:	
Name:	มม 11 และมาม สามารถของ ครามของสารสมารณาแม่งครามสารสมารณาครามสารสารสารสารสารสารสารสารสารสารสารสารสารส
Address;	
PART 4. REPORTABLE LIABILITIES	
List the pames of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from regulated financial institutions. If none, check the box.	reporting period, and list the major om a relative, or business loans from
None	als an ann an the first standard and a second standard frame and the first standard frame and the second standard stan
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	9979 20000 000 x 20000 997 Clarke 199 a 200 ye a Centra Carley e Arage Anna 200 ye a 200 ye a 200 ye a 200 ye a Ye a 200 ye a
Address:	
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIC	DNS
List the specific source of gifts received during the reporting period with an aggregate value of more that	n \$300. If none, check the box.
None	
Name of Source of Gift Name of Source of Gift 3.	Source of Gift
NEWL - National Federation	In the forebook was under ward and a second more than the second and the second and the second and the second
2. De Women Legislators, Onc.	

List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
		NY GARANGTI ANG MANANGKAN CANANGKAN ANG MANANGKAN GELIKA GARANGKAN MANANGKAN GARANGKAN KANANGKAN KANANGKAN KAN
Name of Source of Honoraria		ource of Honoraria
1.	ала на так так так так так так так так так та	na ga sa na ra sa mara na 1976a. O Pauri sa Kindo nako kaka mari na fana mara manana fana daka kakan mako k
	4.	
	NTATION BEFORE STATE AGENCIE	
List each executive branch agency before which you repre-		
	daamaanaanaa waxaa waxaa ahaa ahaa ahaa ahaa ahaa	a j j j j j j j j j j j j j j j j j j j
Name of Agency	но оп так обласно до на продати на Nam 	e of Agency
1.	3.	
2.	4.	
PART 8. BUS	INESS WITH STATE AGENCIES	e : : : : : : : : : : : : : : : : : : :
ist each executive branch agency to which you or a men	nber of your immediate family sold goods	or services with a value in excess o
\$1,000 during the reporting period. Indicate whether you of \Box None Rungess Advects include the	TV CONTRACTORY STRUCTURES CONTRACTORY STUDIED ST	
None Burgess Advertising ha	s various contract with	h state Agencies the
	ve awarded Jukagreen	
	* Ma Childophia	GRowth Guacil Pec
1. MEDEP 2. Me Comp. Cancer Control Plan	* He Children's	GRowth Council per
2. Me Comp. Cancer Control Plan	* He Children's	GRowth Council per
2. Me Comp. Cancer Control Plan	* He Children's	GRowth Council per
1. Me Comp. Cancer Control Plan	* He Children's	GROWTH Council P2C GROWTH Council P2C 2 Mal Disabilities red
2. Me Comp. Cancer Control Plan 3. Effecience, Haine Trust 2. Me Breast and Cervic al Health Akapa	* He Children's	GRowth Council per ental Disabilities
A. Me Comp. Cancer Conteol Plan B. Effecience, Hain e. Trust Me breast and Cervic al Health Appa PART 9. INCOME RECEIN List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on	* He Childreho M. M. Developmu M. DOT VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse	GROWTH GUNCIL PEC Wal Disabilities View AMILY your spouse or domestic partner o or domestic partner received income
A. Mc Comp. Cancer Contest Plan B. Effectence, Hain C. Trust Mc Breast and Cervic al Health Agra PART 9. INCOME RECEIN ist the type of economic activity representing each source lependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on	* He Childreho M. M. Developmu M. DOT VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse	GROWTH GUNCIL PEC Wal Disabilities View AMILY your spouse or domestic partner o or domestic partner received income
A. Me Comp. Cancer Conteol Plan B. Efficience, Hain & Trust Me Breast and Cervic of Health Appa PART 9. INCOME RECEN ist the type of economic activity representing each source ependent child(ren) during the reporting period and the ki f \$1,000 or more, list his or her name and job title. List on ot include gifts. Name of Spouse or Domestic Partner and Job Title	# Me Childreyio Me Development Me DOT VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse ly the job title of dependent children who re Type of Economic Activity Representing Source of Income	GROWTH GUNCIL PER Hal Disabilities viel AMILY your spouse or domestic partner o or domestic partner received income ceived income of \$1000 or more. Do
A. Me Comp. Cancer Conteol Plan 3. Efficience, Hain & Trust Me Breast and Cervic of Health Appa PART 9. INCOME RECEIN ist the type of economic activity representing each source ependent child(ren) during the reporting period and the ki f\$1,000 or more, list his or her name and job title. List on ot include gifts. Name of Spouse or Domestic Partner and Job Title ame: Dug Struct	# Me Childreho Me Development Me Dot VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse ly the job title of dependent children who re Type of Economic Activity Representing Source of Income Received	GROWTH GUNCIL PER CHAL DISAbilities View AMILY V your spouse or domestic partner or or domestic partner received income ceived income of \$1000 or more. Do Kind of Income
Me Comp. Cancer Conteol Plan Effectionce, Hain & Trust Me Breast and Cervic at Health Arapa PART 9. INCOME RECEIN ist the type of economic activity representing each source ependent child(ren) during the reporting period and the ki f \$1,000 or more, list his or her name and job title. List on ot include gifts. Name of Spouse or Domestic Partner and Job Title ame: Day Struct	# Me Childreho Me Development Me Dot VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse ly the job title of dependent children who re Type of Economic Activity Representing Source of Income Received	GROWTH GUNCIL PER CHAL DISAbilities View AMILY V your spouse or domestic partner or or domestic partner received income ceived income of \$1000 or more. Do Kind of Income
A. Mc Comp. Cancer Conteol Plan B. Efficience, Hain & Trust Mc Breast and Cervic al Health Appa PART 9. INCOME RECEIN ist the type of economic activity representing each source lependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts. Name of Spouse or Domestic Partner and Job Title Hame: Dug Struct	# Me Childreho Me Development Me Dot VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse ly the job title of dependent children who re Type of Economic Activity Representing Source of Income Received	GROWTH GUICEL PER ENTRE DISABILITIES Viel AMILY Vyour spouse or domestic partner or or domestic partner received income ceived income of \$1000 or more. Do Kind of Income
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts. Name of Spouse or Domestic Partner and Job Title Name Doug Stawart Name Rct.	# Me Childreho Me Development Me Dot VED BY MEMBERS OF IMMEDIATE F e of income of \$1,000 or more received by ind of income represented. If your spouse ly the job title of dependent children who re Type of Economic Activity Representing Source of Income Received	GROWTH Gunciel Per Anal Disabilities AMILY your spouse or domestic partner o or domestic partner received income ceived income of \$1000 or more. Do Kind of Income

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

			ilita tanan manakatika manakatika manakatika manakatika tanan kanakatika tanan manakatika tanan manakatika tan	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Burgess Advertising Hisson. Inc	CEÒ	Self		MD
	Business Devel	son-	Matthew	No
Hebeon Academy	TRUSTEE	Seef	-	no
AAAA, NYC, NY Govt Affeirs	Conmittee	- Serf	98999999999999999999999999999999999999	No.
Maine Cancer Foundation, Fallionth,	Advisory Board	Seef		no
	Advisury Board		e mar de semante mais este se primiera da se de de ser est da la loca maior un de se de la de de de de de de d	no
	Board	Self	···· · · · · ·	no

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

—

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.

Part/Section Number		