



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 Peter Stuckey				Office: ☑ House ☐ Senate			
Mailing address Vaill Street				14			
City, zip code Partland 04/03				Phone 287-773-3345			
PART 1. INCOM	IE DERIVED	FROM EMPLOYMENT BY	ANOTHER				
List the name and address of each private or pub whom you received compensation of \$1,000 or mo							
None	a ana ina na farana na ina na n	AND	1525625166446255662566256666744557575757676666666644464664446464464				
Name of Employer	ppomoral I. d. I. d. 3 11 d. 3 11 d. 3 11 d. 3 11 d. 12 d	Address	Principal	Type of Economic Activity of Employer			
State of Manne Marie Tumpike Authory	2360 Vortl	languess St	Turn	.p.h.e Deschool			
State of Maine	Of Fic	cot state Court	weller ct	rde legislature			
LL Bean	150	Caron St Port MB 640	R	eta, l			
PART 2. INCOME DEF	RIVED FROM	/ SELF-EMPLOYMENT OR	LAW PRACTION	CE			
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if ar firm, professio	ny, and list the major areas of e nnal association, or similar busir	economic activity ness entity, list th	or practice from which you ne major areas of economic			
None							
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activ Law Practice (self)	/ity/	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)			
Name:							
Address:							
Name:	nd and an angular transfer in the second of the cold transfer of the second of the sec	magigag (arannap virus) ya sa sanah jahirindak dalih da 30 mini (limin (filis)) 97 da 1 di dibunin (1997) 197 da 1 di di dibunin (1997) 197 da 1 di dibunin (1997) 197 da 1 di dibunin	. All Elizabrills and resident of an ensuring an electronic place and proposition place 3 Sign-map, by age equi-papera	Managaran (commande and			
Address:							

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of edincome. If this form of disclosure is prohibited by law, rule, or an e economic activity of the entity or person from whom the income was	law practice that represents more conomic activity of the entity or peastablished code of professional ethics.	than 10% of your gross income or 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:	Northern (Northern Anderson (Northern Anderson Antique) A statement of the Antique Antique (Northern Antique)		
Address:			
Name:	TRACTION TO CONTROL OF CONTROL		
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	ONE TO A POINT BE RETURNED FOR A SIGN TO A POINT BACK A PROBLEM BACK AND A BACK AND A PART MANEROFF WAS A PART	ABBI (LUM AND AND TO ABANDEN AND AND AND AND AND AND AND AND AND AN	
Name and Address of Source	in till till ett en en en en till til en	Kind of Income (investments, leases, etc.)	
Name:	266/25th A Medical State Notices 64 for CLT Classifies, medica for content and early submarked active about the Classifies and a content of the content of t	indications and the majoritative at Action in Action in the Contract of the Co	
Address:			
Name:	habita 200 COSS PROCESS (ASS SEA AND COS), million (Ann Alberty) manusing has been been greatly and the sea and th		
Address:			
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Address:			
PART 4. REPOR	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.	more that you received during the		
None None	den Gare ki del digit may hekayiyi dah miniyahaki pilan hekeayay ya giyan da fakaki di peramay samay gamay mepanay namana armata halipon samaki may b	quantiformation and additions of the few Version being based and deep of the few Version and the Version and Versi	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
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Address:			
Name:	500 Million (1984 Million (198	abor por an all the contract and an analysis of the contract and analysis of the contract and an analysis of the contract and analysis of the cont	
Address:			
PART 5. GIFTS, INCLUDING TO	RAVEL AND ACCOMMODATION	 DNS	
List the specific source of gifts received during the reporting period w	vith an aggregate value of more than	n \$300. If none, check the box.	
Name of Source of Gift  1. 4 / / / / / / / / / / / / / / / / / /	Name of S	Source of Gift	
1. Madeline C Stockey	$ \frac{1}{4}$		

	ART C HONORADIA		
List the source of any honoraria accepted for appearances	ART 6. HONORARIA s or speeches. If none, check the box.		
None			
Name of Source of Honoraria	Name of Source of Honoraria		
1.	3.		
2.	4.		
PART 7. REPRESE	NTATION BEFORE STATE AGENCIES		
List each executive branch agency before which you reprebox.	esented or assisted others for compensation of any amount. If none, check the		
<mark>⊠</mark> ∖ None			
Name of Agency	Name of Agency		
1.	3.		
2.	4.		
List each executive branch agency to which you or a mem	SINESS WITH STATE AGENCIES  mber of your immediate family sold goods or services with a value in excess year againly member sold the goods or services. If none, check the box		
	or a family member sold the goods or services. If none, check the box.		
Name of Agency	Name of Agency		
наприятившиния в принципального в принц	anners recommendation of the contract of the c		
<b>.</b>	J.		
2.	4.		
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE FAMILY		
dependent child(ren) during the reporting period and the kir	e of income of \$1,000 or more received by your spouse or domestic partner of income represented. If your spouse or domestic partner received incomely the job title of dependent children who received income of \$1000 or more.		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received		
Name: Michelle Stuckey  Job Title: Ant Teacher	1. High Tehool And Fracher. Employment		
ood Fino.	3		
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:			
.lob Title:			

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held any office, the position was	t or nonprofit corporation, fir rusteeship, directorship, or p compensated. If a family m	position of any na	iture. Indicate wheth	er you or a family i	member held the pos	sition and whether	
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PART 10. OFFICER OR DIRECTOR POSITIONS