

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 Vancy B. Sullivan Mailing address 20 Westwood St. City, zip code Biddeford 040	Office:					
Mailing address		District				
20 Westwood St.	<i>H</i>					
City, zip code	Phone (201) 282-5594					
Biddeford 040	(201) 282-5594					
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		TETS TAN TOWN COMMON COMPUTED TO THE STATE OF THE STATE O				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
State of Maine/Legislature RSU #23 (SACO)	Augusta Months	Senator				
RSU #23 (SACO)	Beach St. Saco	Teacher				
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:		mad CCC (CCC) CC				
Address:		•				

PART 2 (continued). INCOM	E DERIVED FROM SELF-EM	IPLOYMENT
B. List each source of income derived from self-employmer \$1,000, whichever is greater, and specify the principal type income. If this form of disclosure is prohibited by law, rule, or economic activity of the entity or person from whom the income	of economic activity of the entit an established code of professio	y or person from whom you derived such
Name and Address of Sou		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:		
	ER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	s 1 or 2 of this form. Do not include	de gifts or honoraria. If none, check the
None	And	**************************************
Name and Address of Sour		Kind of Income (investments, leases, etc.)
Name:		
Address: MPERS	THE COMMENSATION AND A PROPERTY OF THE CONTROL OF T	Pension
Name:		
Address:		
Name:	он на при выполня на при при при на	AND THE PROPERTY OF THE AND THE PROPERTY OF T
Address:		
PART 4. REF	PORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit caregulated financial institutions. If none, check the box.	O or more that you received during the liabilities, educational loans, lo	ng the reporting period, and list the major ans from a relative, or business loans from
☐ None		TO STORM PROPERTY OF THE TOTAL OF THE THE THE WEST AND THE
Name and Address of Credit	tor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	ON THE BOTTOM TO MEDICAL PROBLEM SERVICE AND	он 4-ст м 15 дового высоды него и почет и почет и почет меторы с почет высоды почет высоды почет высоды высоды выды высоды выпользовать высоды
Address:		
PART 5. GIFTS, INCLUDING	G TRAVEL AND ACCOMMO	DATIONS
List the specific source of gifts received during the reporting peri	iod with an aggregate value of mo	ore than \$300. If none, check the box.
None	de la del de la del 19 de	Phone Section and the section of the
Name of Source of Gift 1.	Nai 3.	me of Source of Gift October (Total out disself also also disself and a security of the secur
···· 7:the state on the contract contr	4.	estatus netas openatus in interpretation (interpretation of the control of the co

	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances D None	or speeches. If hone, thethe the box.	www.ww.co-Silico.Hisodidelogogogogogogogogogogogogogogogogogogog		
Name of Source of Honoraria	Name of Sc	ource of Honoraria		
1.	3.			
2.	4.	NICHARUS PROGRAM STATE (Program and Anna Anna Anna Anna Anna Anna Anna		
A STATE OF THE STA	NTATION BEFORE STATE AGENCIE			
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	n of any amount. If none, check the		
Name of Agency	Nam 	e of Agency		
1.	3.			
2.	4.			
	INESS WITH STATE AGENCIES			
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	mber of your immediate family sold goods r a family member sold the goods or service	or services with a value in excess of es. If none, check the box.		
None	in the second of	Lidaseks (1992-1977) (1998-1979) (1998-1977) (1998-1979-1979) (1998-1979-1979-1979-1979-1979-1979-1979-		
Name of Agency	Nam постоя надаеть надаеть объектерностичения начинамических инститительных комплексовый баго баго баго постоя начина	e of Agency		
1.	3.			
2.	4.	4.		
	VED BY MEMBERS OF IMMEDIATE F			
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.	ind of income represented. If your spouse	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: PAUL SULLYAN	1. ATS Limo	1. <u>Wagers</u>		
Job Title: Part time	1. Itto Kimo 2. Scarborough Downs	1. Wagers 2. Wagers		
Limousine driver	3. Adecco	3. Wag oks		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

PART 10. OFF	ICER OR DIRECTO	OR POSITIONS		
List any for-profit or nonprofit corporation, firm, association, held any office, trusteeship, directorship, or position of any the position was compensated. If a family member is listed	nature. Indicate whet	her you or a family r	nember held the pos	ition and whether
☐ None	CONTROL OF	A TOWNS TO A STANSAUL NO. OF THE PROPERTY OF T	9931 (delection del Sea Distribution — mendre es e familiaries на астоинствива в в поинтепе	norman variation of a simple of a state of the professional and design and de
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
		and the state of t		
	NOTION PROTESTION AND MAIN MAIN MAIN AND AND AND AND AND AND AND AND AND AN	THE CONTRACTOR OF THE CONTRACT		
	No. 20 and Control of the Association and the			
		PACCEPARTINI MINISTERIO PARTINI PARTIN		
	SIGNATURE			
A Legislator who willfully fails to file a required statemed. The intentional filing of a false statement is a Class E of willfully filed a false statement, it shall refer its findings	crime. If the Comm	ission concludes t ey General. (1 M	hat it appears that .R.S.A. § 1019)	a Legislator has
Nancy Sullevan Signature				
	TIONAL INFORMAT	70.55 TEXT (
Please provide any additional information below (and the information you are providing. Use additional page	on additional sheet es, if necessary.	s if needed). Indi	cate the part or se	ction number for
Part/Section				
				- The state of the