

JAN 17 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.

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	LEGISLATOR INFORMATION	
Name Beth P Turner		Office: House □ Senate
Mailing address POBOX 65		District //
City, zip code Burlington,	04417	Phone 732-4625
PART 1. INCOM	E 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		уучи аруындарын жөөө өөөө түү түү суучинын айын айуучи тооч тооч айын айын айын айын айын айын айын айын
Name of Employer	Address	Principal Type of Economic Activity of Employer
Maine State House of Aep.	a state House Augusta, ME	Government
,		
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYMENT OR	LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.		
None None		
Name and Address of Business Entity or Law	Firm Major Areas of Economic Activ	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
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Address:		

PART 2 (continued). INCOME DE	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 execonomic activity of the entity or person from whom the income was	law practice that represents more conomic activity of the entity or postablished code of professional eth	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:	The State of the Land Annual Based Annual An	- Typus attalled in the Charles of t
Address:		VV general value
Name:	ammen in kunne ekimen erreinat maramamin-akan rivillä tiit muunin aheksa erriimin kannaman erreina kahtiib vähekk	The Community of the Co
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	litirani disemberan di delam merena di mberila andama di perbendundan di Haradi di delam belam memendididi di mberila and	tantikaki etenderanda anda anda anda anda anda anda anda
Name and Address of Source	de de rendeminar program de alfred de fre de la seu maio les gry rennes en qui devide progrà deve qu'il de de una montre des indicates en qu'il de de una montre des indicates en la seu de la seu d	Kind of Income (investments, leases, etc.)
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Address:		
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Address:		
PART 4. REPOR	FABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or rareas of economic activity of each creditor. Do not list credit card lia regulated financial institutions. If none, check the box.	nore that you received during the	
None	NOTICE CONTINUES AND PROPERTY OF CONTINUES AND CONTINUES A	нести в может не в по не пото со насти и не стати не
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:		
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Address:		
PART 5. GIFTS, INCLUDING TE	RAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period w	ith an aggregate value of more tha	n \$300. If none, check the box.
None	TO THE REPORT OF THE REPORT OF THE SHELL HE SHEL	
Name of Source of Gift	$v_{ij}^{\prime\prime}$ and $v_{ij}^{\prime\prime$	Source of Gift
1. The Council of State Government	13. B/g K	vanasiines-tooloonaanse oomis vanas-17 tooris paasiines oo
2. Wild Murberry Thur	4 .	

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List the source of any honoraria accepted for appearances				
None				
Name of Source of Honoraria	Name of So	RECORD COLUMN DE LA COLUMN DE LA COLUMN DE COLUMN DE LA COLUMN DE LA COLUMN DE COLUMN DE COLUMN DE COLUMN DE C OUTCE OF Honoraria Un production de la column de l		
1.	3.			
2.	4.			
	NTATION BEFORE STATE AGENCIE			
List each executive branch agency before which you repre box.	sented or assisted others for compensation	on of any amount. If none, check the		
None	мун жомиструунын каштуултан моратууна уртууна он оруул кашушка тана моналуулууланда аным ондогуулган он оруунуул он он оруунуу сана аным ондогуулган он оруунуу сана аным ондогуулган он	vertically be a supplying a measurement of the supplying and a supplying a s		
Name of Agency	Nam	e of Agency		
1.	3.			
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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				
Name of Agency	мания от полительный полительный полительный полительный полительный полительный полительный полительный полите Nam	импонтическим при		
1.	${\bf 3.}$			
·"				
2.	4.	·		
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE F	AMILY		
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 onl not include gifts.	nd 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: Stanley D. Turner	1. Papermaker	1. <u>Emplox Me.at</u> 2.		
Job Title: Da.X SUPERVISOR (Paper)	3.	3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

	PART 10. OFFI	CER OR DIRECTO	R 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.								
☐ None		POPPONE TEATER AND ENTRE PROBESTICE WHICH EXPERIENCE A SIX CLEAR PAREMETER EXTENSION AND LOCAL	PCLITICATE EL EPICETO POR DICIDIO EN POPICIA ACOA GILEBIANO E ESPICIA AN EXTENDIAL POR ALABORIA. IN 123	TO A CONTRACTOR OF A DECEMBER OF A STATE OF A	N ALAPAN IN TOTAL PART & ENGLATE ENGELSEE EN ELSTICISMA TO SETTING ES MOUTHAU ANALORY (SPANIA) PARTICIPATION (
THE AMERICAN AND THE PROPERTY OF THE PROPERTY	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?			
Maine Aura	al Partners							
4 York V	11/1age DE 04469-5784	Director	Self		NO			
Oronoilli	12 04469-5784	ala dekelennik kirjanlar dekizilar dekezilar dekizilar kirjanlar kirjanlar kirjanlar kirjanlar kirjanlar kirja	an Care Anni and Assa and an Assa Assa Assa Assa Assa and an A	- where the lamest to externate the contract of the contract o	romanosom der Liber vor der Edit des set als konde de Nickle von Liber der Edit Set der Schlieben der Edit Seinbert der Schlieben			
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		SIGNATURE						
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) O//7/20/2 Date								
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.								
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Part/Section Number								
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