

Name

JAN 17 2012

Maine States Commission

GOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office:

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

JOHN L. TUH	-le	TR.	凶 House	☐ Senate		
Mailing address			District			
176-co Hage	51	777774111	143			
City, zip code			Phone			
SANFORD	me.	04073	207-32	4-5964		
0411010						
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each private or pub whom you received compensation of \$1,000 or mo						
None	III			mar vers er feller i Andre de		
Name of Employer		Address		of Economic Activity Imployer		
North East mobile health		- washington and	amer. m	edual		
servills.	SU	arborough me, 04043	Service	1 (EMT		
State House of Reps	-	·5#2	state L.	egislator		
7	Aυ	gusta ne 04213		/		
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE						
A. List the name and address of your business or derived income. If associated with a partnership, f activity or practice of that entity.						
None	NEERSPEEN NEERSEEN VOORSCHEINERSEEN	armuserum erundungta viit Arvii ilike puisivovainen tai Arbeitekeikokokokokokokokokokokokokokokokokoko		RESOLUE COMPRESSO AND ANALYSIS I I I I I I I I I I I I I I I I I I		
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, ass	f Economic Activity/ Practice ociation, firm or similar ness entity)		
Name:	Access to the second of the se		The state of the s			
Address:						
	فدار در پیشتان موادم د از پیست که فر دارد به در پیشت سرخ دارد به میدود به به در میدود در		e digital distribution di statione del servici de residente de l'estre de l'e	PONNOVA CERCTY ANGENIA DELL'ANGEL EL HANTEN A PETENTE EL PROPER PORTE LA CERCE EL CONTRA EL CONTRA L'ANGEL A C		
Name:						
Address:						
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PART 2 (continued). IN	COME DERIVED FROM SELF-EMI	PLOYMENT
B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, rul economic activity of the entity or person from whom the in	type of economic activity of the entity le, or an established code of profession	or person 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. C	OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in box.	Parts 1 or 2 of this form. Do not include	e gifts or honoraria. If none, check the
None	Calcin Ca	Kind of Income
Name and Address of	Source acceptated 2006/01/49/04/04/05/05/05/05/05/05/05/05/05/05/05/05/05/	(investments, leases, etc.)
Name:		
Address:		
Name:		
Address:		no commence de la com
Name:	adas dimendirish dan dari berik kirik di dikidik diram belish derbara 1906 and ane birimat and dari birimba dan pelapatagan pelapatagan pelapatagan pengapagan	-4 extra value - 4 extra value - 4 extra value - 4 extra value - 2 extra val
Address:		PATOTALA NA PERENA PARA
PART 4.	REPORTABLE LIABILITIES	
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.		
□ None	CONCENSION OF LINES CONTROL CONTROL AND EXECUTION CONTROL CONT	tietelaan variah kitala marang kantang kantang kantang kantang kalantan kantang kantang kantang kantang kantan Kantang kantang kantan
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	ER CHANNOTTO COLONO ACESTICI ENTITUDE TO CAST ENTITIVE ACESTICA COLONIA CONTROLLA COLONIA COLO	(Washington) and the state of t
Address:		manufacture of the state of the
Name;		AND THE PROPERTY OF THE PROPER
Address:		
PART 5. GIFTS, INCLU	JDING TRAVEL AND ACCOMMOD	ATIONS
List the specific source of gifts received during the reportin	g period with an aggregate value of mo	re than \$300. If none, check the box.
None		от водина на при водина вод
Name of Source of Gift	natational point unconversion and general production and a conversion and	ne of Source of Gift
1.	3.	MANAN ANDREA NETHERO MEDINI DETERMINANT NA ANNA DE EXTENDE MANINE NA ANDREAD ESTA MORPHOLOGRAPHICO DE ANNA ANDRE
2.	4 .	

List the source of any honoraria accepted for appearances	PART 6. HONORARIA s or speeches. If none, check the box			
None	or specifical interior, order the box.	неги шине се етоприминательностью выселение то то полительностью полительностью по полительностью полительност Полительностью полительностью полительностью полительностью полительностью полительностью полительностью полите		
Name of Source of Honoraria	Name of S	Source of Honoraria		
1.	3.	CANDIDATION OF ETAILOT WITH		
1.	3.			
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2.	4.			
PART 7. REPRESE	ENTATION BEFORE STATE AGENCII	ES CALL		
List each executive branch agency before which you repr	resented or assisted others for compensati	ion of any amount. If none, check the		
None	enn reconstitutus vaa viin masta turvoosi veroosi varataa valanna kan ternoosi isi siiseen kalkaaliin ka alka v	allia reten valatan eta laina ara mare este este en este esta en esta en este en este en la esta en este esta e		
Name of Agency	Nan	ne of Agency		
1.	3.			
	4.			
\$1,000 during the reporting period. Indicate whether you on Name of Agency		ne of Agency		
РОГОР В В В В В В В В В В В В В В В В В В В	######################################			
1.	3.			
2.	4.	OTAL A STATE OF THE OTHER STATE OF THE STATE		
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PART 9. INCOME RECEI	IVED BY MEMBERS OF IMMEDIATE	FAMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the k of \$1,000 or more, list his or her name and job title. List or not include gifts.	kind of income represented. If your spouse	or domestic partner received incom		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
A T // /	1. Town government 2.	1 employment		
Name: ANN TUHE Job Title: ASSIST Treasurer	2	1. Employment 2.		
Job Title: ASSIST Treasurer	3.	3.		
Dependent Child(ren) - Job Titles Only				
ob Title:		de manage de de de seu de la companya de la company		
lob Title:				
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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 Le	aielator hae		
willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)	giolator rias		
1.1. Fruits 1/4 1-4-11			
Signature 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.			
	n a Arman		
Part/Section Number			
	CONTROL TO THE PROPERTY OF THE		
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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

Position Held

Family Member's

the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

.⊠(None

Organization/Business