2011 Calendar Year





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.

	LEGISL	ATOR INFORMATION	
Name	· · · · · · · · · · · · · · · · · · ·		Office:
G. PAUL WATERHOUSE			☐ House ☐ Senate
Mailing address			District
21 GREEN STREET, BI	RIDGTON	,MAINE	98
City, zip code	n.		Phone 409-2273
BRIDGTON 04009	9 		409-2213
PART 1. INCOI	ME DERIV	ED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or pu whom you received compensation of \$1,000 or m			
None			99,99,49,49,49,40,40,40,40,40,40,40,40,40,40,40,40,40,
Name of Employer		Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	or law firm, i firm, profes	f any, and list the major areas of ecor sional association, or similar business	nomic activity or practice from which you s entity, list the major areas of economic
None			
Name and Address of Business Entity or Lav	v Fîrm	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:	et in 1938-1950 i tare teatrain de c'hill (1950-1960 i 1979-19		
Address:			
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PART 2	(continued). INCOME DERI	VED FROM SELF-EMPLOY	MENT
B. List each source of income derive \$1,000, whichever is greater, and sprincome. If this form of disclosure is preconomic activity of the entity or person	ecify the principal type of econd or on bit of econd or on the principal type of econd or or or extended the principal type of the principal type of econd or	omic activity of the entity or peolished code of professional eth	erson from whom you derived such
Na	nme and Address of Source	ab-fold befolk had state durch had a critical in a salesticon to the fold the state of this could be considered by considering consequency.	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
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Address:			response and the second
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Address:			no de manada
	PART 3. OTHER SOU	RCES OF INCOME	
List each source of income of \$1,000 or box.	r more <u>not listed</u> in Parts 1 or 2 o	f this form. Do not include gifts	or honoraria. If none, check the
None	ensselvenssen verseen sistemateriere en tensteeren sistematerieren verseeren verseeren verseeren verseeren ver	NO PER PROTEST AND PROTEST AND AND PROPERTY AND	Kind of Income
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Name: MAINE STATE RI	ETIREMENT SYSTEM		PENSION
Address: 46 STATE HOUS	E STATION AUGUSTA,	ME.04333-0046	- Comment of the state of the s
Name: SOCIAL SECURIT SOCIAL SECURIT PORTLAND, ME.	TY ADMINISTRATION TY SUITE 150;550 fo	orest ave.	PENSION
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	PART 4. REPORTAI	BLE LIABILITIES	
List the names of creditors for any una areas of economic activity of each credit regulated financial institutions. If none,	litor. Do not list credit card liabilit		
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Address:		ARTHUR COTY AND	
	5. GIFTS, INCLUDING TRAN		ra kesita pala pinja kermen in raksame etne at men men alijan pala lapateesi melekeka alijan
List the specific source of gifts received	during the reporting period with a	an aggregate value of more than	1 \$300. If none, check the box.
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2.	**************************************	robbiloretheraeeable-book robbiloretiiiiiiiia o ror-en tinide coentraeeaean en an an an an ann an an an an an a	

P4	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	THE RESERVE AS LESS CHARTEST AS A SERVED A
None		NOTE ON GROVETE (I), a cuesto a marco
Name of Source of Honoraria	Name of S	Cource of Honoraria
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PART 7. REPRESEI	NTATION BEFORE STATE AGENCIE	s Alexandra
List each executive branch agency before which you reprebox.		raginaria de la companya della companya della companya de la companya de la companya della compa
Name of Agency		f \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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1.	3.	
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PART 8. BUSI	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of es. If none, check the box.
None	n to deliver states of the Color of the Colo	TITTIININ TI
Name of Agency	Nam Straightforthas and alter last place and the control of the c	e of Agency
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	ED BY MEMBERS OF IMMEDIATE F	- Committee of the Comm
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 only 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: NANCY M. WATERHOUSE	1BANKING	1pension
Job Title: TELLER	2	2 3
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	200 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	A CONTRACTOR OF THE PROPERTY O

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THE STATE OF THE S	Organization/Busir and Address	1ess	Title	Position Held By:	Family Member's Name	Compensated
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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