



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.

	LEGISLA	TOR INFORMATION			
Name			Office:		
			House	☐ Senate	
Mailing address Rep. Windol C. Weaver			District		
<u> </u>	ers Way	o.	150		
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				201 363-4641	
PART 1. INCOM	ME DERIVE	D FROM EMPLOYMENT BY AM	IOTHER		
List the name and address of each private or pul whom you received compensation of \$1,000 or me	blic employer ore. Specify	, including the Legislature and any the principal type of economic activi	agency or subdivision ty of each employer.	on of the State, from	
None	ovovya ovomo, ika v svanskom k skondiski ki ki ili ili ili ili ili ili ili ili	MPRESIDENT COMMUNICATION CONTRACTOR CONTRACT	gagge(\$3) gaggawaya ag umuunummaa aa aa aa aa aa aa aa aa aa ah ah ah a	Nichted American vor Annu von v. y. regrege 900 (2004) EUE 2004 (A. March V. March V	
Name of Employer		Address		of Economic Activity Employer	
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The state of the s		M SELF-EMPLOYMENT OR LA			
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, if a firm, profess	any, and list the major areas of eco ional association, or similar busines	nomic activity or pra s entity, list the majo	ctice from which you or areas of economic	
☑ None					
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity Law Practice (self)	Lav (partnership, ass	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name:					
Address:					
Name:	uu Al-uussa eestavava rassaana -aasta eesta		gongap ay myun sa giddii di Yudunida helef dhi ann 1112 h Arthrith Arthrith (1777 1776) 1777 1776 (1777 1776)	goognaper geometrie de de la la companya de la	
Address:					

PART 2 (continued). INCC	ME DERIVED FROM SELF-EMPLOYMENT	
\$1,000, whichever is greater, and specify the principal type	ent or law practice that represents more than 10% of your gross income of economic activity of the entity or person from whom you derived or an established code of professional ethics, specify only the principal type was derived.	such
Name and Address of So	Principal Type of Economi urce Activity of Entity or Person WI the Source of the Income	ho is
Name: NowE		
Name: Address:		⊕vowevonz.09
PART 3. OT	IER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Pabox. None	ts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the	}
Name and Address of Science	Kind of Income	энггиламгин
Name US GOVELNMENT	(investments, leases, etc.))
Address:	RETIREMENT	
Name: Address:		
Name: Address:		Week and with the form
PART 4. R	PORTABLE LIABILITIES	
	00 or more that you received during the reporting period, and list the material card liabilities, educational loans, loans from a relative, or business loans to	
☑ None		200205-000044
Name and Address of Cre	ditor Principal Type of Economic Activity of Creditor	>
Name: Address:		4000444000004174010
Name:		aco-occostros
Address:		
PART 5. GIFTS, INCLUDI	NG TRAVEL AND ACCOMMODATIONS	
List the specific source of gifts received during the reporting p	eriod with an aggregate value of more than \$300. If none, check the box.	
None		
Name of Source of Gift 1.	Name of Source of Gift 3.	
		nydddorchlando fwr
2.	4.	

PA	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances of				
None				
Name of Source of Honoraria	Name of Sc	ource of Honoraria		
1.	3.			
	4.			
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	:S		
List each executive branch agency before which you repres box.	sented or assisted others for compensation	on of any amount. If none, check the		
☑ None		www.grun.grun.grun.grun.grun.grun.grun.grun		
Name of Agency	Nam:	ne of Agency		
1.	3.			
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4.	теринатальну рамаки можертернитернитерности ученици станово од возданительно на может выполнением от тучно-том станов		
List each executive branch agency to which you or a memi \$1,000 during the reporting period. Indicate whether you or None Name of Agency	a family member sold the goods or service			
манне от Аденту шежинения при	CONTROL CONTRO	The second design of the secon		
2.	4.			
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	FAMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin 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:	1	1		
Job Title:	2	2.		
	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
.loh Title:				

None	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
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			ANTHORNE TO THE PARTY OF THE PA			
			**************************************		-	
			SIGNATURE			
Legislator who	willfully fails to file a i	required stateme	nt is subject to a fir	ne of up to \$100.	/1 M R.S.A. § 101	
	C. Weave Signature					
		ADDIT	TONAL INFORMA	TION		
Please provide a	ny additional informa	ation below (and	on additional shee	ts if needed). Ind	icate the part or se	ection number for
the information yo	ou are providing. Us	e additional page	es, if necessary.		9 ·	, duction
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Part/Section Number						
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PART 10. OFFICER OR DIRECTOR POSITIONS