

Maine Ethics Commission

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		Office:
DAVID WEBSTER		
Mailing address Po Box 178		District 106
City, zip code So Frupont ME O	14078-0178	Phone 207-865-4311 207-615-1018
PART 1. INCOME DERIVI	ED FROM EMPLOYMENT BY AND	OTHER
List the name and address of each private or public employed whom you received compensation of \$1,000 or more. Specify	er, including the Legislature and any ag y the principal type of economic activity	gency or subdivision of the State, from of each employer.
None	? ответть по дел 100 г в 100 г Статем по дел 100 г в 1	TO THE CONTROL OF THE PROPERTY
Name of Employer	Address	Principal Type of Economic Activity of Employer
MAINE STATE House of Representations	5H5 Augusta ME	Cavino meno con a
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	V PRACTICE
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.		
None	and the second control of the second	тем и ченици иновит ченем иновить нашили иновить довами току навелительного и общить вычинавати и общить вычинавати иновить вычинавати и общить выпутыти и общить выпутыть выструи выпутыть выстручного выстручными выпутыть выпутыть выпутыть выпутыть выстручными выпутыть выпутыть выпутыть выстручными выстручными выпутыть выпутыть выпутыть выпутыть выстручными выстручными выпутыть выстручными вы
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: Webster Servaces Address: Po Box 178 50 Fire point ME 04078	HANDY MAS	ODD Jobs, compending, utz
Name: NERSTER Sekulces Address: PO Box 178	ADJUNE FACULTY TRAINING/CONNERS	Lectures, Accessibility
so true port ME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Consultant, Bushep TRAMAIN

PART 2 (continued). INC	OME DERIVED F	ROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employ \$1,000, whichever is greater, and specify the principal ty income. If this form of disclosure is prohibited by law, rule economic activity of the entity or person from whom the inc	ype of economic ac , or an established	ctivity of the entity or	person from whom you derived such
Name and Address of			Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: VARCIOUS Home owners Address:	numeramente de la companya de la com	ver 1,000	MAN, CAMPENTY
Name: Address:	остинальна в оснивает довостина выполня в основного выполня в основного выполня в основного в основного в основного в	оп хамина да на сено в стои и сено е на систем на сено на се	
PART 3. O	THER SOURCES	OF INCOME	
List each source of income of \$1,000 or more not listed in F box.	Parts 1 or 2 of this fo	rm. Do not include gift	ts or honoraria. If none, check the
None	HI CONTOC CO	E EZZEGNING E MONTH MAN TONORITO ON ORTHINIA MAN FAR BOARD SINGAN NOTTH AN A DANIERO SECURITO E AND	
Name and Address of S	Source	ent delented a colored Novembro Novembro a colored a colored Novembro Novembro Novembro Novembro a colored Novembro Nove	Kind of Income (investments, leases, etc.)
Name: Socias Security. Address:			sound Security
Name: 5Ala of House in No. Address: (Inherital)	rth Canali	ina -	Property Termsaction
Name: Address:			
PART 4.	REPORTABLE L	ABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list cred regulated financial institutions. If none, check the box.			
None	i Vocasta, Craeletta soleettaasta valtaata eta tara voolattiin eri Voolata voolata valtaa valtaa valtaa valtaa	TO DE COMMISSION SET AN MINISTER A VINCENT OF EMPEROR OF PRINCIPLES AND SECURITIONS AND SECURI	
Name and Address of C	reditor		Principal Type of Economic Activity of Creditor
Name:			
Address:			
Name:	r 1994-nii 2008 2008 2004 (dae 2004 1994) (dae 1904 1904) (dae 1904 1904) (dae 1904 1904) (dae 1904 1904) (dae	ART 3 LIBERTUS TRETHOUR POR SCHOOLTS CLINICAS PEROPHICA AL ACCIONA SCHOOLTS CHAPPER CONTRACTOR LIBERTUS LICER	on and given an array of and to array spiral to a global control field and find points on the definition of the final state of
Address:			
PART 5. GIFTS, INCLU	DING TRAVEL AI	ND ACCOMMODAT	IONS
List the specific source of gifts received during the reporting	period with an aggr	regate value of more th	an \$300. If none, check the box.
⊠ None		nerwikalisma (a dere mu amer 19m) remerka amereke melak ara amerik alishir 19d7 dalik bir 19d8.	an aan aan aan aa aa aan aan ah
Name of Source of Gift		Name o	f Source of Gift
1.	3.	order annual francisco de Carlos (100 metros 110 metros 110 metros 200 metros 200 metros 200 metros 200 metros	
2	4.	од муставорновная бългавает пунктой ментерическую туба в 14-1000 гд. на 12-14-14-1600 гд.	nucemen zona mana ana municipa gan szan mana nucemen mana mana mana ana mana mana mana m

PAF	RT 6. HONORARIA	
List the source of any honoraria accepted for appearances or	r speeches. If none, check the box.	44 yr gani jana jana ana ara ara ara ara ara ara ara ara
⊠ None	ayyyayay congay qo qorana a maay may yayay qorana a maa na mana ka	VX. 222 NG 5 2 20 NG NG 10 VI 20 VI
Name of Source of Honoraria	Name of So	ource of Honoraria
1.	3.	
2	4.	and control of the Co
PART 7. REPRESEN	TATION BEFORE STATE AGENCIE	s
List each executive branch agency before which you represbox.	ented or assisted others for compensation	n of any amount. If none, check the
☑ None	уу уучун тууу уучун 4 мет 200 дорог дорог 200	a makan salah dibungan kentulungan penggan
Name of Agency	Name	e of Agency
1.	3.	
	4.	
PART 8. BUSING List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a None	IESS WITH STATE AGENCIES oer of your immediate family sold goods of family member sold the goods or service	or services with a value in excess of s. If none, check the box.
Name of Agency	Name	e of Agency
1.	3.	guergenoret considera vo esta emiliona de esta de sucon anno da biolo da debido de esta de esta esta esta esta
2.	4.	
PART 9. INCOME RECEIVE List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	I of income represented. If your spouse of	your spouse or domestic partner or 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: NAMES Solmon (WIFE)	1. Registrar + ASIT Director	1. Snlany 2. Snlany
Assistant Dina Long	2. Advance Fraculty	2. Snlory
Name: NAMEY SALMON (WIFE) Job Title: ASSISTMAT DINECTON O BATES DANCE FESTIVAL O BATES CALLER	3	3
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

Organization/Business and Address Title Position Held Family Member's Compensa Name Support S	held any office,	fit or nonprofit corporation, firm, associatior trusteeship, directorship, or position of any s compensated. If a family member is liste	d, indicate your relatio	nship and the name	of the family membe	r.
SIGNATURE SIGNATURE 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) he intentional filing of a false statement is a Class E orime. If the Commission concludes that it appears that a Legislator illifully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number information you are providing. Use additional pages, if necessary.	☐ None					
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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) ne intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator illfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION Ilease provide any additional information below (and on additional sheets if needed). Indicate the part or section number information you are providing. Use additional pages, if necessary.						
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Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number art/Section number.	he intentional	filing of a false statement is a Class E	crime. If the Comm	ission concludes	that it appears that	
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