



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 Oan W Mailing address 54 Sta 54	Office: District					
City, zip code Rackpart Ma	Phone 236.655 4					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
None	1000-1000 ZOO ZOO ZOO ZOO ZOO ZOO ZOO ZOO ZOO	i and an interior of the second segment of the second seco				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
State of Marke	2 Vinte Marche Station augusta ME	Le gillature				
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.						
None		ун (1900 СС МН ВЭН) (1900 СНА МН НЕВЬ СВ ГРЕдов В 2014 СНА БАНИЕВ БИНИЕВ СВИТЕНИЕВ СВИ				
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: Address:						
Name: Address:		The second secon				

PART 2 (continued). INCOME D	DERIVED FROM SI	ELF-EMPLOYMENT
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of t established code of p	the entity 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:	- wellkonneggemensynnibilitythfurfullandingemenspelangengggggggggggggggggggggggg	70/00/00/07/20/04/04/05/20/04/04/04/04/04/04/04/04/04/04/04/04/04
Address:		
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Address:		
PART 3. OTHER	SOURCES OF INC	OME
List each source of income of \$1,000 or more not listed in Parts 1 obox.	or 2 of this form. Do n	not include gifts or honoraria. If none, check the
None	vocadraži prad sis neh na met danovicija magana a amaganjupacijų cyro ("vorą vymi "gregotyjącių gymų.	HPPPROPRIESE PROCESSORS CONTROL OF COMPANY AND
Name and Address of Source	www.clegoweens.com/clegoween.pg (4,29-24 (1-20-4 (2-4))).35-1246-24 (1.5-2.5-4 (1.5-2.5-4 (1.5-2.5-4 (1.5-2.5-4	Kind of Income (investments, leases, etc.)
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Namer Joe Mc Laughlen Stary Moores Namer Joe Mc Lau) (i)	
Name: Soleral Allerity Address: Ality A	NOTION OF A POST TO CAN EXPONENT ELECTRON CONTRACTOR CO	Letirement.
Address: Aute A		Merehits
Name: Hew England The Junerance Name: No Boy 14594	our linear de seuvrezier voi renezier aix euro ses sies es seuvrezier aixonianianianianianianianianianianianianian	retirement. benefits
Address: De Moune IA		The state of the s
PART 4. REPO	RTABLE LIABILITII	ES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card line regulated financial institutions. If none, check the box.		
None	NORMAN AND ANTINESSES ENGINEERING NORMAN ANTINESSES ESSANION NORMAN ANTINESSE ESSANION NORMAN ANTINESSES ESSANION NORMAN ANTINESSES ESSANION NORMAN ANTINESSES ESSANION NORMAN ANTINESSE ESSANI	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	Patidani d ramahusio (nanisia) isah kalansang asyang gerengang 1933, an cerem me	APPEARANCE DE L'AMMANGAGIANT (INSTEUDY) APPEARANCE (INSTEUD L'ANNE CHE L'ANNE
Address:		And the Control of th
Name:	unsuparhinemand and visionabilit an aimi lakely by meet te street and popularization of the decision and estab	
Address:		Transcriptor -
PART 5. GIFTS, INCLUDING T	TRAVEL AND ACC	OMMODATIONS
List the specific source of gifts received during the reporting period	with an aggregate val	ue of more than \$300. If none, check the box.
None		
Name of Source of Gift 1.		Name of Source of Gift
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P/	ART 6. HONORARIA	The state of the s		
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	TriddletheillitättäMikitallitätäMikitallitäläääääääääääääääääääääääääääääää		
None		retjillen illisellisetti kinne esse keeks de moderi saasialadii makalaseye maannoy waa keepsyaasiy riyaayay pay qoojijjiyay jood		
Name of Source of Honoraria	Name of S	ource of Honoraria		
1.	3.			
2.	4.			
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE			
List each executive branch agency before which you reprebox.				
None None				
Name of Agency	Nam	e of Agency		
1.	. 3 .			
2.	4.	4.		
PART 8. BUS	INESS WITH STATE AGENCIES			
List each executive branch agency to which you or a men \$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	POPULATION POPULATION AND TO THE STATE AND THE STATE CONTROL AND THE STATE AND THE STA	O PERO DE PORTE À TOLI PERO DE L'ARTE UNE PERO DE REPUBLICA DE L'ARTE DE L'A		
Name of Agency	Nam	e of Agency		
1.	3.			
2		4.		
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill 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	/ 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		
теления под	1	1		
Name:	2	2.		
lob Title:	3	3.		
Dependent Child(ren) - Job Titles Only				
ob Title:	*** От температи в подат в постат в			
Job Title:				
Job Title:		Dong Billion (1986) And O (Med 1981) (2014). I the Arian American dear dear dear let 1984 (2014) and a second		

PART 10. OFF	ICER 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							
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?			
Maine Media Workshope PO Box 200 Rollpart ME	Beard of Dune	fors help		HET BERKER BESTELLE STEELE			
RollfortHE							
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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 Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)							
Signature Signature South							
ADDIT	TIONAL INFORMAT	rion					
Please provide any additional information below (and the information you are providing. Use additional page		s if needed). Indi	cate the part or se	ection number for			
Part/Section Number							
3. Fidelity Invertenen 397 Williams Marebarange MA	st nc iw		trus	-			