

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 Rodney L. White Mailing address P.O. Box 96	emore	Office: ☐ House
City, zip code Skowhegan Me. O	4976	Phone 474-6703 H
The state of the s	DERIVED FROM EMPLOYMENT BY AND	
List the name and address of each private or public whom you received compensation of \$1,000 or more.		
None	$\frac{1}{2} \sum_{i \in \mathcal{I}} a_i e_i e_i e_i e_i e_i e_i e_i e_i e_i e$	
Name of Employer	Address	Principal Type of Economic Activity of Employer
Maine State Senate : Whittemore & Sons F	State House Station, Aug. Me. P.O. Box 218 Skowhegan	Government Dutdoor Power Equip. SALES & SELVIÉSE
PART 2. INCOME DERIV	ED FROM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or law derived income. If associated with a partnership, firm activity or practice of that entity.		
⊠ None	-	
Name and Address of Business Entity or Law Fir	m 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:		

PART 2 (continued). INCOME DI	ERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of econome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	conomic activity of the entity or po stablished code of professional eth	erson 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:		ed & Administra
Address:		The second section of the section of th
Name:		Andrew Community and the Commu
Address:		1400 000
PART 3. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None ·	aa da da da aan da aagaa mara mara mara mara da da gara ga aga ka ar	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Amy Verville	т подпости в може и по по се се сто не на визи води и до на на на под	gan kanak kapatan dan madama mada denikatan mada sasa sasa kapatan dan dan dan dan dan dan dan dan dan d
Address: 572 Waterville Rd. Skonhegan	Me. 04976	Rental
Name: Author Palmer.	recording to the processing of the recording to the recording of the recording of the recording to the recording of the recording of the recording to the recording of the recording of the recording to the recording of the recording to the recor	ому русти на 🗜 типоволого в в том постоя на посто
Address: 26 Mt. PLEASANT AVE Skawke	An Mo. 04976	Rewtal
Name: Whitewore & SONS	1	รัฐเกาะละเกาะ " และ การระบาร โดยเกาะความสมาคมสมาคมสมาคมสมาคมสมาคมสมาคมสมาคมส
Address: P.O. BOX 218 SKOWhegun, Me.	84976	Rental
	TABLE LIABILITIES	
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 lia regulated financial institutions. If none, check the box.	more that you received during the	
None	างและกระบบการและกระบบการและกระบบการและกระบบการและกระบบการและกระบบการและกระบบการและกระบบการและกระบบการและกระบบก	and about the second and a second
Name and Address of Creditor	миничной по и политичення на протости в политичення на при принципальной политичення на принципальной п	Principal Type of Economic Activity of Creditor
Name:	PROGRAM TO MANDERS OF THE CONTROL OF	в станориям для не под том в под
Address:		
Name:		
Address:		
PART 5. GIFTS, INCLUDING TI	RAVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period w		entere film fra film and the film of the second of the film of
None :		en minima e como a mante, e menero a como de deles e componente mante de se del de NA Policia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artifica de Artificia de Artificia de Artificia de Artificia de Artific
Name of Source of Goldstatistic and the control of	na of passes and the comment of the	$Source\ of\ Gift$
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List the source of any honoraria accepted for appearance	PART 6. HONORARIA	A Control of the Cont
	as of speedies. If florie, dieds the box.	BANKET TOOL OF COMMENT OF THE STATE OF THE S
Name of Source of Honoraria	Name of 5	Source of Honoraria
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	4.	errycké nachodziała konak szelikał sociało zoro zwierzek totorowy errych engou mielien (zw. 1994 każ zażerzek zwierzek zoom
PART 7. REPRES	ENTATION BEFORE STATE AGENCI	ES CONTRACTOR OF THE PROPERTY
List each executive branch agency before which you replox.	presented or assisted others for compensat	tion of any amount. If none, check the
None		
Name of Agency	Nai	me of Agency
1.	3.	
2.	4.	Managamente proprieta esta con esta proprieta de la composition della composition de
List each executive branch agency to which you or a m \$1,000 during the reporting period. Indicate whether you None	or a family member sold the goods or servi	ces. If none, check the box.
Name of Agency	Nar .	me of Agency
1.	3 .	
2.	4.	
	EIVED BY MEMBERS OF IMMEDIATE	
List the type of economic activity representing each sou dependent child(ren) during the reporting period and the of \$1,000 or more, list his or her name and job title. List on the include gifts.	kind of income represented. If your spous	e 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
мен мен и выправления выправления на долго до	Sutdoor fower Equip. 1. <u>SALES & SERVICE</u> 2. <u>INSULANCE</u> 3. <u>INVESTMENT</u>	remuse acceptance acceptance from the day to prove for any proper comment or commence on calling and acceptance acceptance and the day of the collect of the
Name: Caralee Whittemore Job Title: Book eeper	1. <u>Sales & Service</u>	1. Employment 2. Proceeds from pasualty los 3. Dividend
Job Title: Book eeper	2. INSUVANCE	2. Troceeds from carvatty los
	3. INVESTMENT	3. Dividend
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	and the second s	

Organization/Business and Address None Organization/Business and Address Title Position Held By: Family Member's Con Name None None None Organization/Business and Address Title Position Held By: Family Member's Con Name None None	List any for-profit or nonprofit corporation, firm, associat held any office, trusteeship, directorship, or position of a the position was compensated. If a family member is list	any nature. Indicate whether	er you or a family i	member held the pos	sition and whether
and Address Name No ittemore & Sons P. D. Box 218 Showhegan, Me. 04976 Whittemore & Sons P. B. Bax218 Tresconses	None	THE PROPERTY PROPERTY OF THE STREET AND REPORT OF THE STREET AND S	238/2124E20mar per-filleder/menumentationmenting.commentationment properties programment properties and programment programmen	ሳዊመጣጣል ያሉት መተናቀቀ ለያመቀመጠቀቀት ለተያታፈቀጥ እናያውምን የመመተያቸውን የመመፈት ያለው ያለው ነው	et en en en la biométric et transporte de la conference d
P.O. Box 218 Showhegan, Me. 04976 Whittenore & sons P.O. Box 218 Trescurer	and Address	Title			Compensated?
Whittemore of sons P. 8. B8x218 Theasurer wife Coralee Show hegan, Me. 04926	P.O. BOX 218 Showhegan, Me. 04976	Pres.	5elf	ON THE COLUMN TO	NO
	Whittomore & Sons P. O. Box 218 Skow Kegar, Me. 04926	Treasurer	wite	Coralee	NO
SIGNATURE		SIGNATURE			

	e any additional information below (and on additional sheets if ne n you are providing. Use additional pages, if necessary.	eded). Indicate the part or section number for
Part/Section Number		
#3	OKA Construction Fre. 654 Bigelow Hill Rd. Skowlegn	Rewthl , Ma.
#3	Foward Funds P.O. Box 1345 DENVEY, Co. 80	0201 Freestnat

2-9-12 Date

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