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JAN 17 2012

Asina 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

Mailing address	Willette	Office: ☑ House ☐ Senate District
PO Box Z		7
City, zip code Mapleton M	6 04757	Phone 707-689-833 ≥
PART 1. INCOM	ME DERIVED FROM EMPLOYMENT B	BY ANOTHER
List the name and address of each private or pul whom you received compensation of \$1,000 or m		
None	POGENIEM MENDE MENDE GENERAL GENERAL FOR A som de allem version a meneral management properties and contractive and security an	ETEN TOTAL ON OUT ETENTE ETEN ETEN ET EN ET EN ETEN ETE
Name of Employer	Address	Principal Type of Economic Activity of Employer
Legislature	2 State house sta	hon Representative
Wal-mert	781 Mainst Presqu	eIsle & Fetail
Colgan Airways	650 Airport Dr. Prosyn	-Ish Transportation
PART 2. INCOME DEI	RIVED FROM SELF-EMPLOYMENT C	OR LAW PRACTICE
A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major areas of firm, professional association, or similar bu	of economic activity or practice from which you usiness entity, list the major areas of economic
☐ None	THE COLOR OF THE PROPERTY OF T	en titt storen varan uttillitier in var in varan meinen propositier, ett juddit til verket ett kind och till v
Name and Address of Business Entity or Law	Firm Major Areas of Economic A Law Practice (self)	Major Areas of Economic Activity/ ctivity/ Law Practice (partnership, association, firm or similar business entity)
Name: Big Bear feat estate (Address: 398 Main st Prespective	o. Fealter	Real Estate
Name: Address:		

	Harring and this same with the first of the same		
PART 2 (continued). IN	COME DERIVED FROM S	ELF-EMPLOYMENT	
B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, rul economic activity of the entity or person from whom the in	type of economic activity of e, or an established code of	the entity or person from	om whom you derived such
Name and Address of	Source	Activi	incipal Type of Economic ty of Entity or Person Who is ne Source of the Income
Name:			
Address:		ranna Propins	
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Address:		APP VI DA SABARA	
PART 3. C	OTHER SOURCES OF INC	OME	
List each source of income of \$1,000 or more <u>not listed</u> in box.	Parts 1 or 2 of this form. Do	not include gifts or hono	raria. If none, check the
None	та да устрану выраду на настрану (деня од настрану на выправана в настрану в решения предоставления на страну в	nomes phinomen over 18 janus papas phasel in 3 de milionoldes alement eiche benfanlich der Alle 18 in er Malle 18 in 18	Mediane to Anthony Mahamatan distribution in the common hospina and represent the control of the
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Name:		uplan rayus sosyyoonus	
Address:		mah mingkapat sa Arija	
Name:	POLICE ASSESSA ANTOROGOS SERBENO COMPOSO ASSESSA ASSESSA ASSESSA ANTOROGO ANTOROGO ASSESSA	THE NAME OF THE PARTY AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE	
Address:		social agrant and a second	
List the names of creditors for any <u>unsecured</u> loans of \$	REPORTABLE LIABILIT		or period, and list the major
areas of economic activity of each creditor. Do not list cre regulated financial institutions. If none, check the box.			
None			
. Name and Address of	Creditor	Pri	ncipal Type of Economic Activity of Creditor
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Address:			
PART 5. GIFTS, INCLU	JDING TRAVEL AND ACC	OMMODATIONS	
List the specific source of gifts received during the reportin	g period with an aggregate va	lue of more than \$300.	If none, check the box.
None	THE REPORT OF THE PROPERTY OF	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Name of Source of Gift		Name of Source of	of Gift
	3.	e and a second contract of the	ind and the state of the state
2.	4.		

	ART 6. HONORARIA	
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Name of Source of Honoraria	Name of S	ource of Honoraria
1. ·	3.	
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s es es es es es es es es
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the
None	yang anda dangan dan mengang ang ang ang ang meng ang ang ang mengang menuntuk dang menuntuk dang mengang menuntuk dan men	
Name of Agency	Nam	ed a discontrol consideration de discontrate de la consideration de la consideration de la consideration de la le of Agency de a consideration de la consideration de
1.	3.	
2.	e, paragina para na mana na ma A .	
List each executive branch agency to which you or a ments, 1,000 during the reporting period. Indicate whether you or None Name of Agency	r a family member sold the goods or service	
1.	was an every resource of the second second second second and the second and the second and the second seco	agus eregen een europen gever en gegen gebeur en begen en de maan verken er en verken er een verken en de skaa En de skaar en
2.	$oldsymbol{4}$.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts.	ind 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: Meliasa Wilhelter Job Title: Legislative Hide	1. Legislative SI_SS	1. Solaried house staff
	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		nicogni i britani da na mino lo control con mino mana e della labada del lida da dell'illi librati del sentino
Job Title:		

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 villfully 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 for the information you are providing. Use additional pages, if necessary.	None None			ALLIAN ET DATI PREEZENTET ET ELEKA OF OPPOSATI PETERS ERRE ERRE EPITAREEL NEVERENT O	of the family member	aggegga a comment a commentation a review of the transfer of an Andrée Advisée of Edited de Antre A
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the information you are providing. Use additional pages, if necessary. Part/Section		Signature	>	_Jan	Date	اح
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PART 10. OFFICER OR DIRECTOR POSITIONS