



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Office: 45 Memorial Circle, Augusta, Maine Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

CONSTITUTIONAL AND STATUTORY OFFICERS 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010. Please file this statement with the <u>Maine Ethics</u> <u>Commission</u> no later than December 31, 2010. 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.

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Name Buce L. Roliguia			Title State Treasurer			
Department/Agency/Bureau/Division	19 Medical Section Continues and Continues a	OFFICE CONTROL OF THE	Work Phone			
Office of the State Tre	asurer_		Work Phone 207_ 624-7477			
Mailing Address, City, ZIP		- A P	4 P		<u>k</u>	S
Cross Building 111 Sewall St	reet, 3rd Floor	r. 39 SH	e House	z Stad	non Aug	usta
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THE CONTRACTOR OF THE CONTRACT	2 集上2000年 - 24			오늘 빨개하게 그 그릇 때	1E 04333	Sand Sand Sand
List the name and address of each employer from economic activity of each employer.	om whom you received	d compensation	of \$1,000 o	r more. Sp	ecify the princip	al type of
None						and the second s
Name of Employer		Address		Principal	Type of Economi of Employer	ic Activity
		And the state of t	And the second s		Control of the second of the s	
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	<u> </u>		<u> </u>			
PART 2. INCOME DEF	RIVED FROM SELF-	EMPLOYMEN	T OR LAW	PRACTIC	**************************************	THE PART
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	law firm, if any, and lifirm, professional asso	st the major area ociation, or similar	as of econon r business e	nic activity ontity, list the	or practice from version areas of control	vhich you economic
☐ None			And the second s	FORWARD HOMEON		Water Control of the
Name and Address of Business Entity or Law	Firm Major A	reas of Economic Practice (self)	c Activity/		eas of Economic Practice ip, association, firm business entity)	
Name:		Al-				CONTRACTOR OF THE PARTY OF THE
Address:						
Name:	Outriers or never to transmission that Advisory or never to the same		**************************************		dis hidaya kabupat of para 1994 (1994) saturita de consiste de estados arris (1994 - 1995 - 1995 - 1995 - 1995	
Address:						
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT.
B. List each source of income derived from self-employment or practice that represents more than whichever is greater, and specify the principal type of economic activity of the entity or person from w form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify activity of the entity or person from whom the income was derived.	hom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3: OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box.	s or honoraria. If none, check the
None	MLV_contraptional to May 1000 et al. 1000 for the first of the first o
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Zwejo-DiMenna Associates	
Address: 900 Third Avenue, New York, NY 10022	12 strants
Name: CK Parthers	
Address: Mighi. Florida	investments
Name: Vanguard Funds Address: Valla - Force DA	Threstments
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, to made as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans that were
□ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	. н
Address:	TOTAL I I I I I I I I I I I I I I I I I I I
Name:	
Address:	·
PART 5. REPORTABLE GIFTS	Antonia de la companya della companya della companya de la companya de la companya della company
List the specific source of gifts received during the reporting period with an aggregate value of more than	an \$300. If none, check the box.
None	
Name of Source of Gift Name of 1. 3.	Source of Gift
2. 4.	

	**************************************	BLE HONORARIA	
List the source of any honoraria accepted for appearance	s or speeche	s related to your official capac	city or duties. If none, check the box.
None	-	Market and dischargements provided and another transfer for the state of the state	Nationals () (I may are an extensive of the sink of th
Name of Source of Honoraria		Name of	Source of Honoraria
1.	1 d d d d d	3.	
2.	Property of the second	4.	
PART 7. REPRES List each executive branch agency before which you compensation of any amount other than your official sal none, check the box.	or a memb	BEFORE STATE AGENC per of your immediate famile whether you or a family me	ly represented or assisted others for
None		Vocan-	
Name of Agency		na n	me of Agency
1.		3.	and the state of the
2.		4.	n ein deutwerd voor verdige de groende kand er van voor van de gevolgde die kommen bevorg van de bestel de deutwerd van de deu
- A B - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TH STATE AGENCIES	
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you or	mber of your or a family me	immediate family sold goods ember sold the goods or servi	s or services with a value in excess of ces. If none check the box
None	***************************************		TOTAL STORY
Name of Agency		Nar	ne of Agency
1.		3.	
2.	. 4	4.	
PART 9. INCOME RECEI	METER CONTINUE MANEE		MANGAMAN (SANTALI SANTA), DANAR SANTAR
List the type of economic activity representing each source dependent child(ren) during the reporting period and the keyor more of income, list his or her name and job title. List Do not include gifts.	and of income	e represented - If your shous:	e or domestic partner received \$4,000.
Name of Spouse or Domestic Partner and Job Title		rpe of Economic Activity esenting Source of Income Received	Kind of Income
Name:	1.		1.
Job Title:	2. 3.		 3.
Dependent Child(ren) - Job Titles Only	A de Colombia de compositor de		
Job Title:	MANA Windowski prominent Salas (2000)		
Job Title:	Automotive Market Automotive Auto	C-PO-S-WARE COLORS TO SECURE TO SECURE SECUR	
Job Title:	**Ostobilis		

PART 10. OFFICE	R OR DIRECTOR	POSITIONS	A CONTRACTOR OF THE CONTRACTOR	
List any for-profit or nonprofit corporation, firm, association, par held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	re. Indicate whether	you or a family hele	d the position and whe	
☐ None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Alford Scholasting Foundation				
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	IGNATURE			
Signature	· · · · · · · · · · · · · · · · · · ·	2-16	5—// Date	·
Unsworn falsit	ication is a Class D	crime.		
ADDITION Please provide any additional information below (and on the information you are providing. Use additional pages,	NAL INFORMATION additional sheets if		te the part or sectio	n number for
Part/Section Number				
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