

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

FEB 14 2011

Maine Emics Commission

## 2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

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 18, 2011.**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.

LEGISL	ATOR INFORMATION	agente (filozofia) Persagnis de Maria Ferrago			
Michael & Beautieu	Office:  House	☐ Senate			
Mailing address 22 Shet way		District  4 6 9	MPROTA (KRIBBER MODERNE SKRIBBER		
City, zip code Aubuld, MAINe 04210		Phone 21778	2177840036		
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY AND	OTHER			
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation of \$1,000 o	or more. Specify	the principal type of		
☐ None	997/JACIVIA-EVISONE-MERROPOLISH-BARKARIA BARKARIA SERIASI SANA AMARAKARIA AMARAKARIA AMARAKARIA AMARAKARIA AMA		***		
Name of Employer	Address		of Economic Activity Employer		
Lewiston School Dept CAN	CST Lewiston he.	Adal	T Edecation		
		the contraction of the contracti			
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAV	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.	any, and list the major areas of econo sional association, or similar business	mic activity or preentity, list the ma	actice from which you jor areas of economic		
None					
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	La (partnership, as	of Economic Activity/ w Practice ssociation, firm or similar siness entity)		
Name: Address:		The state of the s			
Name:			authorization destination of a supplementary consistency consisten		
Address:		tori granovid dop			

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	/MENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or p income. If this form of disclosure is prohibited by law, rule, or an established code of professional eth economic activity of the entity or person from whom the income was derived.	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:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the
None	A STATE OF THE STA
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: MAINE STATE RETTERENT Address: 46 STATE House STATION	Person.
Name: Address:	
Name: PAULA BEHULIEU SPOUSE	4.
Name: PAULA BEAULIEU Spouse Address: Social Secrepity Persion.	Pension.
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, educational loans, loans for regulated financial institutions. If none, check the box.	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	e de la companya de l
Name:	
Address:	OTTANA CONTINUA CONTI
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more that	an \$300. If none, check the box.
None	
Name of Source of Gift Name of 1. 3.	Source of Gift
2. 4.	
1 <del>4</del> .	

PART 6. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or	speeches.	If none, check the box.	monterial removal e emisterials combin photolise et Austeria Austrania de combina de está des des de emisterials de la december de la december de emisterials de la december de la december de emisterials de la december de la decembe		
None					
Name of Source of Honoraria		Name of Sou	rce of Honoraria		
1.		3.			
2.	2	4.			
PART 7. REPRESENT	TATION E	BEFORE STATE AGENCIES			
List each executive branch agency before which you represe box.	ented or as	ssisted others for compensation	of any amount. If none, check the		
None					
Name of Agency		Name :	of Agency		
1.	And the think the state of the	3.			
2.	A. On the Annual State of	4.			
		H STATE AGENCIES			
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a					
None					
Name of Agency		Name I	of Agency		
1.	SAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	3.			
2.	. A	4.			
PART 9. INCOME RECEIVE	D BY ME	MBERS OF IMMEDIATE FA	MILY		
List the type of economic activity representing each source of 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.	d of income	represented. If your spouse of	r domestic partner received income		
Name of Spouse or Domestic Partner and Job Title		rpe of Economic Activity esenting Source of Income Received	Kind of Income		
Name 5 pause	1.		1.		
IN THE LIVE LUXED ON PAGE	2.		2.		
Name: 5 pause Job Title: 1 Nahwled on PAGE	3.		3.		
Dependent Child(ren) - Job Titles Only					
Job Title:		2			
Job Title:					
Job Title:		***			

held any office	ofit or nonprofit corporation, , trusteeship, directorship, c ensated. If a family membe	or position of any nat	ure. Indicate whether	r you or a family held	the position and w		
X None				and the second s	HAMMINDAN HISTORY ROADS FOR AN HISTORY NO	PRINTENS AND	
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?	
			week, and the second se	NATA VALLES AND	THAT OF THE VAN THE VA	service A receipt of American	
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			SIGNATURE				
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willfully filed a	al filing of a false stateme false statement, it shall i	effer its findings of	fact to the Attorney	sion concludes that General. (1 M.R.	s.A. § 1019)	a Legisiator na	
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Home	Signature Signature		**Andreiche Bereiten der Gestelle Geste	Date			
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		ADDITIO	NAL INFORMATION	N / Company			
Please provid	de any additional informa	tion below (and or	n additional sheets i	if needed). Indicat	e the part or sec	tion number fo	
the information	on you are providing. Use	e additional pages	, if necessary.	,	,		
Part/Section Number							
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PART 10. OFFICER OR DIRECTOR POSITIONS