

FEB 18 2011

Maine 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

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 Clerk of the House or Secretary of the Senate 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		
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Mailing address WWOODSIDE DE		District 14+	•
PAUL BRANET Mailing address CO WOODSIDE DE City, zip code KRANEBUNK, ME	04043	Phone 201-9E	S-6269
	D FROM EMPLOYMENT BY AND	OTHER	
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$1,000 c	or more. Specify	the principal type of
None		hitti Sant Mittal dhadhadhan millimi interditam na mann mann mann man mann mann mann	e (amandamine) (am
Name of Employer	Address		of Economic Activity mployer
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No. and Additional			
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ALLEADAN-L			
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	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 of	mic activity or prace entity, list the majo	ctice from which you r areas of economic
. D None			1900/9964-bah hadisah kinisi sur manegan pepapapapapapapapapapapapapapah kinisi kinisi kinisi kenancini
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, ass	Economic Activity/ Practice ociation, firm or similar ess entity)
Name: THE BILLINEIT (COMPONITES INC. Address: 3 PADDY CLEEK HILLIEP ME	PETAIL SALES	PREPO	IED FOODS
Name:	-		·
Address:		•	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT	
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of econocome. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was	onomic activity of the entity or person from whom you derived suc tablished code of professional ethics, specify only the principal type:	ıch
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who the Source of the Income	is
Name: Address:		
Name: Address:		necescon
PART 3. OTHER SC	DURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	2 of this form. Do not include gifts or honoraria. If none, check the	2516526
None		
Name and Address of Source	Kind of Income (investments, leases, etc.)	
Name:	account	
Address:		
Name:	9000000-1-0111	
Address:	· · · · · · · · · · · · · · · · · · ·	
Name:	Tel Paragraphic Control of the Contr	
Address:	AAA doligologi AAAAA	
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	nore that you received during the reporting period, and list the majo pilities, educational loans, loans from a relative, or business loans from	or m
☐ None		**********
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	ilio Mos
Name:	1970/200	
Address:	Party billiant document	
Name:		monum
Address:	THE A CHIEF OF THE STATE OF THE	
	RTABLE GIFTS	
List the specific source of gifts received during the reporting period with	th an aggregate value of more than \$300. If none, check the box.	
None		
Name of Source of Gift 1.	Name of Source of Gift 3.	
2.	4.	

PART 6. RI	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	r speeches. If none, check the box.	
None		
Name of Source of Honoraria	Name of So	ource of Honoraria
1.	3.	
2.	4.	об может в под
PART 7. REPRESEN	TATION BEFORE STATE AGENCIES	S
List each executive branch agency before which you represe box.	ented or assisted others for compensation	n of any amount. If none, check the
None		
Name of Agency	Name	e of Agency
1.	3 .	
2.	4.	
	IESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immediate family sold goods of family member sold the goods or service	or services with a value in excess of s. If none, check the box.
None		
Name of Agency	Name Name	of Agency
1.	ilicolationalisases	
2.	4.	от под при в
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE F	AMILY
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	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: PRADURAL JULIER A BENNET Job Title: ED TECH	TI. ROUCATION	1. RMPLOYMENT
Job Title: ED TEVA	3.	3 .
Dependent Child(ren) - Job Titles Only		
Job Title:		Today Control To
Job Title:		
Job Title:		

None	ensated. If a family men	**************************************	00000 total Parkinston anno marienta programa per esta esta programa Necessa de Caleira in anticomo a a programa de Caleira de Calei	and the first of the same of t		https://www.maragesesson.com/
	Organization/Busine	ess		Position Held	Family Member's	Compen-
	and Address		Title	By:	Name	sated?
			ANALYSIS OF THE PROPERTY OF TH	makan diaman Model		No. by Committee
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egislator w	ho willfully fails to file	a required stateme	nt is subject to a fine	of up to \$100 /1	MRSA 8 1017-	A)
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PART 10. OFFICER OR DIRECTOR POSITIONS