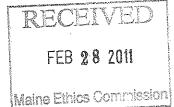
2010 Calendar Year





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 <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.

LEG	SISLATOR INFORMATION	
Name Kathleen D. Chase Mailing address 142 Brunch Rd City, zip code 04090		Office: House Senate District Phone H08-9747
PART 1. INCOME DEF	RIVED FROM EMPLOYMENT E	BY ANOTHER
List the name and address of each employer from who economic activity of each employer.	m you received compensation of \$	\$1,000 or more. Specify the principal type of
None -	KKO (AMANA) (Amana (Amana) (Am	
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine Chased Hamlya Min Ext. Cour own business	Augusta, Me † 855 Bragism WEIIs	Legislature_ (d Gravel/Dirt Sal
PART 2. INCOME DERIVED F List the name and address of your business or law firm lerived income. If associated with a partnership, firm, protectivity or practice of that entity.	FROM SELF-EMPLOYMENT On any if any, and list the major areas of fessional association, or similar bus	economic activity or practice from which
None	HTT CHEENER WAS MAN AND AND AND AND AND AND AND AND AND A	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Act Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
ame: Chase & Hamlyn Mineral Extra dress: 855 Brag van Rd, WEIIs	Grave / Excav	ation (Own Burners)
amė:		
idress:		

PART 2 (continued). IN	COME DERIVED FR	OM SELF-EMPLOYME	NT .
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, ru economic activity of the entity or person from whom the in	type of economic activ lle, or an established co-	rity of the entity or person	from whom you dorived and
Name and Address of	f Source	Ac	Principal Type of Economic tivity of Entity or Person Who is the Source of the Income
Name:		,	on a management of the State of Mathematical State of the State of
Address:			
Name:	440-446-289	-	arryss. Ale 100 gant o esquences quarress statistication among an arryss statistical among applicates p. games o en a system (1994).
Address:			
PART 3. C	OTHER SOURCES O	FINCOME	
List each source of income of \$1,000 or more not listed in box.			noraria. If none, check the
None	NESSECRATION OF THE PROPERTY O		(VC 55 MB) MAISTEN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Address of	Source		Kind of Income (investments, leases, etc.)
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Name:		100 mg	1700-ban - 1
Address:	·	÷	
PADT.4	DEPORTABLE LIAB		
List the names of creditors for any <u>unsecured</u> loans of \$3	REPORTABLE LIAB		
areas of economic activity of each creditor. Do not list cred regulated financial institutions. If none, check the box.	lit card liabilities, educati	ional loans, loans from a re	ing period, and list the major lative, or business loans from
X None	Makenessenend Pyppengs (1971) (1984) Arthur de Arthur en	Mariemen Angelinssof (A. Strikken de Innesse og Villingska krisisket skræmmen de skrikken) i 18 Sublike (Lakhrich et annes	rendelmintelminten kundureka geringera eritatelek dikamanta nguntak 2 tersak kundurung pendaka 12 tersaman nguntagan
Name and Address of C	reditor	P	rincipal Type of Economic Activity of Creditor
Name:			
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farne:	100-birken magaziginisis (Chillian) kalanan magaziginisi yang kalanan Jakoba da kalanan	VALUE AND	
Address:	•		
PART 5	5. REPORTABLE GIF	-TS	
ist the specific source of gifts received during the reporting			If none, check the box.
None	Collinear and the control of the collinear and t		and the control of th
Name of Source of Gift		Name of Source	of Gift
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	T 6. REPORTABLE HONORARIA	
List the source of any honoraria accepted for appeara	ances or speeches. If none, check the box.	na anananggaga - 44000,000 (1966),600 (1966),600 (1966),600 (1966),600 (1966),600 (1966),600 (1966),600 (1966)
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Name of Source of Honoraria	er 4 december 2000 and a distribution in the house of the december of the distribution of the second of the december of the de	of Source of Honoraria
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PART 7. REPR	ESENTATION BEFORE STATE AGE	NOIE C
List each executive branch agency before which you		
box.	represented or assisted official for comper	nsation of any amount. If flohe, check the
None	**************************************	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
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Name of Agency		Name of Agency
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PART 8	BUSINESS WITH STATE AGENCIES	
	<u> </u>	
List each executive branch agency to which you or a \$1,000 during the reporting period. Indicate whether y	member or your immediate raining sold go ou or a family member sold the goods or se	ods or services with a value in excess of ervices. If none, check the box.
None	NATIONALISENSE SERVICE	MARIA
Name of Agency	CONTROL OF THE PROPERTY OF THE	Name of Agency
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PART 9. INCOME REC	CEIVED BY MEMBERS OF IMMEDIAT	E FAMILY
List the type of economic activity representing each so	ource of income of \$1,000 or more receive	d by your spouse or domestic partner or
dependent child(ren) during the reporting period and the of \$1,000 or more, list his or her name and job title. List	ne kind of income represented. If your spor	use or domestic partner received income
not include gifts.	t only the job title of dependent children wit	o received income of \$1000 or more. Do
	Type of Economic Activity	AND
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income	Kind of Income
Name: Chart Hampy Minnal of the Bysiness Owner/ Weath	1050)	surance and the second
Name: Chase Hampy Mineral	Ext 1. Grand Dates	1. Business doner
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Dependent Child(ren) - Job Titles Only		
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ob Title:		

		ER OR DIRECTOR			
I head any onic	profit or nonprofit corporation, firm, association, pace, trusteeship, directorship, or position of any nappensated. If a family member listed, indicate you	ture. Indicate whethe	r vou or a family held	the position and w	ediate family hether the posi-
None				9900177 (1000077) (1000078) (1000078) (1000078)	BU Succession Physician Manager Communication
Control of the Contro	Organization/Business and Address	Elected	Position Held By:	Family Member's Name	Compen- sated?
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	who willfully fails to file a required statement	SIGNATURE			
willfully filed a	al filing of a false statement is a Class E crir false statement, it shall refer its findings of the statement. It shall refer its findings of the statement is a Class E crir false statement in the statement is a Class E crir false.	fact to the Attorney	General. (1 M.R.S	it appears that a S.A. § 1019)	Legislator has
	ADDITIO	NAL INFORMATIO	N .	·	
Please provide the information	e any additional information below (and on n you are providing. Use additional pages,	additional sheets if if necessary.	needed). Indicate	the part or section	n number for
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