2010 Calendar Year



RECLEAN

FEB 1 8 2011

Maine Ethios 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 <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.

-	LEGISLATOR INFORMATION	
Name  Benjamun Chipman  Mailing address 5 Mayo St. #3  City, zip code Portland, ME 04	/	Office:  GHouse Senate  District
City, zip code Portland, ME 04	4101	DISTRICT #119 Phone (207) 318-4961
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each employer from economic activity of each employer.	whom you received compensation of \$1,00	0 or more. Specify the principal type of
None		POSSERIA NE MANTE POR POSSERIA RECORDANT DE PRESENTA POR POSSERIA PO
Name of Employer	Address	Principal Type of Economic Activity of Employer
		9988014803884444408999999938869446380344646803444444444444444465603664646464646464646464646464666466666666
PART 2. INCOME DERIV	ED FROM SELF-EMPLOYMENT OR LA	AW PRACTICE
A. List the name and address of your business or law derived income. If associated with a partnership, firm activity or practice of that entity.	w firm, if any, and list the major areas of ecor i, professional association, or similar business	nomic activity or practice from which you s entity, list the major areas of economic
None		**************************************
Name and Address of Business Entity or Law Firr	Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: BENJAMIN Chipman Address: 5 Mayo St. #3, Patland, ME	Consulting / Community Other Nothery Service	ty Olganizing/
Address: 5 Mayo St. 3, Postland, ME	OHIOI NOTHRY SERVICE	5
Name:	•	-
Address:		

PART 2 (continued). INCOME DERIVED FROM	SELF-EMPLOYMENT
B. List each source of income derived from self-employment or law practice that \$1,000, whichever is greater, and specify the principal type of economic activity income. If this form of disclosure is prohibited by law, rule, or an established code of economic activity of the entity or person from whom the income was derived.	of the entity or person from whom you derived
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 IN	ICOME -
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Dobox.	o not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income
Name: BENTAMIN Chieman	(investments, leases, etc.)
Name: Benjamin Chipman Address: 5 Mayo St., Portland, ME 04101	Rental Income
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABILIT	ries -
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you rece areas of economic activity of each creditor. Do not list credit card liabilities, educationa regulated financial institutions. If none, check the box.	eived during the reporting period, and list the
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
lame;	
oddress:	
PART 5. REPORTABLE GIFTS	
ist the specific source of gifts received during the reporting period with an aggregate va	alue of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
4.	- The state of the

	REPORTABLE HO		
List the source of any honoraria accepted for appearances	or speeches. If none	e, check the box.	
None		Yillach (1990) A meaning	one and the second seco
Name of Source of Honoraria	anna française e que de la companya de la companya En 2000 de la companya	Name of Sc	ource of Honoraria
1.	3.		
	mmarka salah kangga kangga bagai dan Jaja (Kangga Kangga Kangga Kangga Kangga Kangga Kangga Kangga Kangga Kang	en e	
2.	4.		- том потичного долго до до до долго до до городина городина городина городина городина городина городина город
PART 7. REPRESE	NTATION BEFORE	STATE AGENCIE	Š.
List each executive branch agency before which you repre			
box.	9001100 0. <u>L</u> .	uroro for compense.	H Or any amount in hono, onco.
None	CONTRACTOR OF THE PROPERTY OF	Prisonal Military Manager Justice Consolidation and American Prisonal Constitution (Constitution Constitution Constitution Consolidation Constitution Constitution Constitution Constitution Constitution Constitution Cons	Model de combination operates per production de l'action de l'acti
Name of Agency	normaniconomico (nel constituto de la co	Name	e of Agency
1	3.		: OI AUGITOS
	<b>.</b>		
2.	enen er	e, commence e demonstration de describer de la company de la company de la commence de la company de	**************************************
2.	4.		•
	*		
PART 8. BUS	INESS WITH STAT	E AGENCIES	
List each executive branch agency to which you or a mem	nber of your immedia	te family sold goods c	or services with a value in excess
\$1,000 during the reporting period. Indicate whether you or	a family member sou	d the goods or services	s. If none, check the box.
Name of Agency		Name	of Agency
<b>1.</b>	3.		
	TORROTTONIA TOTAL AND		MARIAN AMARIAN AND AND AND AND AND AND AND AND AND A
2.	4.	•	
· · · · · · · · · · · · · · · · · · ·			
PART 9. INCOME RECEIV	ED BY MEMBERS	OF IMMEDIATE FA	ZWII A
List the type of economic activity representing each source	<u> </u>		of the second se
dependent child(ren) during the reporting period and the kin	nd of income represer	nted. If your spouse o	r domestic partner received incom
of \$1,000 or more, list his or her name and job title. List only not include gifts.	y the job title of depen	ident children who rece	eived income of \$1000 or more. D
100 mm (100 mm) (100		pnomic Activity	Observation of the Control of the Co
Name of Spouse or Domestic Partner and Job Title	Representing S	Source of Income elived	Kind of Income
		EIVEU	enangerromment af the state of
Name:	1.		1.
Job Title:	2.		2.
op riue.	3.		3.
		And the second s	
Dependent Child(ren) - Job Titles Only	÷		•
lob Title:		A CONTRACT OF THE PROPERTY OF	23.000 m/s/1000 mm/s/2000/1000 000/1000 0000 Mm/s/2000 Mm/s/2000 Mm/s/2000 0000 Mm/s/2000 0000 Mm/s/2000 0000 Mm/s/2000 0000 Mm/s/2000 0000 Mm/s/2000 0000 0000 0000 0000 0000 0000 00
OD THE:	The state of the s		**************************************
ob Titlė:		VOID	
ob Title:	a3/a40(5)a0(0)uu (6)luu (6)(0)(6)(7)(6)(7)(6)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	Security States 100 Mills IV spring Memory Security Secur	СССО (предостранения предоставляет СССС) (предоставляет в постоя предоставляет поставляет предоставляет предост

<u> </u>				·	
, , , , , , , , , , , , , , , , , , , ,	PART 10. OFFIC				
held any office	ofit or nonprofit corporation, firm, association, pa e, trusteeship, directorship, or position of any nat pensated. If a family member listed, indicate you	ure. Indicate wheth	er you or a family held	I the position and w	ediate family hether the posi-
None		252300000000000000000000000000000000000	Charles and Antibodis Antibodis and Antibodis and Antibodis and Antibodis Antibodis and Antibodis and Antibodis	O Millio Marken and Market Market and a second and a second angular property of American Action (1998) (1998)	nere nemerina per en empero y como del del del del del como menere de e supplica del
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		7. (2.5.)	Select		Select
				4	
		Verminghage vocani		TO MARKO TO ARRIVE AND TO ARRI	-
			Select		Select
		-	in contract of the contract of		
			Select	CONTROL MANAGEMENT CONTROL CON	Select
				A Carlo	
		-		sidere de contra	
				or second	
			3		
	ho willfully fails to file a required statement	SIGNATURE			
	false statement, it shall refer its findings of the statement of the state		<u>2/18</u>	ate	-
	ADDITIO	NAL INFORMATION	ON		
Please provide the information	e any additional information below (and on n you are providing. Use additional pages,	additional sheets if necessary.	if needed). Indicate	the part or section	on number for
		**************************************	Commission of the contract of	en e	000 Million More after over 1975 PT 1022 Million Million More announce of
Part/Section Number	**NYPATAOLINAMIA				
NB-18 в поветнения программент с спината с советства и т. т. становального в принце в советства и поветства и		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	PRINTERNA (3) ( 1000 p.		
	THE MANAGEMENT OF THE PROPERTY				
	100				-
	T. Taranta				
		·			
		=+			
b.	·				
OTO AND A					
10 10 10 10 10 10 10 10 10 10 10 10 10 1					