

RECEIVE

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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

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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.

any questions about this form, your reporting requ	irements, or how to report specific sit	uations.
LI	EGISLATOR INFORMATION	
Name Dale Craff (Craff Mailing address 2 passins in	ifts)	Office: House Senate District
City, zip code Lisbon Falls 1	6.04252	Phone
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY A	ANOTHER
List the name and address of each employer from whe economic activity of each employer.	nom you received compensation of \$1,0	00 or more. Specify the principal type of
None	NA.	en vergrege (Anniha Calania an ang ng Gabara Salania Anniha an ang ng n
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maino	39 State House Station Acquista, Maine o	4373 Rep.
PART 2. INCOME DERIVED	FROM SELF-EMPLOYMENT OR L	AW PRACTICE
A. List the name and address of your business or law finderived income. If associated with a partnership, firm, practivity or practice of that entity.	rm, if any and list the major areas of eco	namic activity or amotion from which
None	THE THE PARTY OF T	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: Crafts Self Storage Address: > Center Part Road Name: Togshon Me: 0408C	Pental	
ddress:		

PART 2 (continued). INCOME DERIVED FROM SE	
B. List each source of income derived from self-employment or law practice that rep \$1,000, whichever is greater, and specify the principal type of economic activity of the income. If this form of disclosure is prohibited by law, rule, or an established code of pre- economic activity of the entity or person from whom the income was 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:	The state of the s
Address:	
PART 3. OTHER SOURCES OF INCO	ME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not box.	include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	(nivesuiteita, teases, etc.)
Address:	
Name;	
Address:	
Name:	
Address:	·
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any unsecured loans of \$3,000 or more that you received	
areas of economic activity of each creditor. Do not list credit card liabilities, educational loar regulated financial institutions. If none, check the box.	ns, loans from a relative, or business loans from
None	2
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE GIFTS	
ist the specific source of gifts received during the reporting period with an aggregate value of	f more than \$300. If none, check the box
None	
Name of Source of Gift	Name of Source of Gift
3.	
4.	

PART	. REPORTABLE HONORARIA	\	
List the source of any honoraria accepted for appearance			
None	ath de gearest an the state of	CONTRACTOR OF THE ASSESSMENT OF THE PROPERTY OF THE ASSESSMENT OF	Bertanderen W. B. standing was a seen, the S.
Name of Source of Honoraria	The second secon	Name of Source	of Honoraria
1.	The contraction of the contracti	Saladi erden erde konstitut (f. 1824 f. 1884 f	est de sendre en en en en en estado de la companya
2.	4.	General de la communicación de la company	1984 Morrison amening 1984 (State Orienteen voorschoop) 1974 d. der 1984 de de 1994 (Arten de 1994) (State Orienteen 1994)
PART 7. REPRES	ENTATION BEFORE STATE A	GENCIES	
List each executive branch agency before which you rep			any amount. If none, check t
box.		,	and an inches, one of the
None	中でなる。 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	POSSON BARBORINA AND AND STREET AND ARREST ARREST ARREST AND ARREST ARREST AND ARREST AR	MANANCIA AMERIKAN MANANCIA MENENGENERA MENENGENERA MENENGENERA MENENGENERA MENENGENERA MENENGENERA MENENGENERA
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1.	utemet viinaadisevietimeneperintekseentäiinad enempoopposianussaitetevõivaulitehnoi vassi vastilitehnuumaaa purassaseksiviteesena 3.	energia (nergia (nergia (nergia)) (nergia (nergia)) (nergia) (nerg	metry (strength) (sha and the anning the consistent and make a special constraint and an interference and anning of the law years).
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	4.		•
**************************************	SINESS WITH STATE AGENCI		
ist each executive branch agency to which you or a me 1,000 during the reporting period. Indicate whether you	mber of your immediate family solo	d goods or sen	rices with a value in excess of
None	or a ranning member sold the goods of	or services. If n	one, check the box.
Name of Agency	· · · · · · · · · · · · · · · · · · ·	Name of Sa	
1.	Annual in a state of the same of the same in a contract of the same of the same of the same of the same of the	Name of Ag	ency
•	3.		
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·• -	<b>4.</b>		
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PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMED	IATE FAMILY	<i>'</i>
ist the type of economic activity representing each source ependent child(ren) during the reporting period and the kif \$1,000 or more, list his or her name and job title. List on of include gifts.	DO OT INCOME FEDRECONTECT. It was a		4:
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activit Representing Source of Inco Received	y ome	Kind of Income
ame:	1.	1.	
b Title:	2.	2.	
<b>и тис.</b>	3.	3.	
Dependent Child(ren) - Job Titles Only		e	
Title:			
) Title:	tender de la companya (septide de destribus com confession), companya (sec. 1983), de companya (septide companya (septid	The state of the s	om hang stall his hands at the No. (1996). The hand of the stall has been supply to the stall have been supply to the stall ha
	month of the control	and the state of t	·····································
Title:			

	PART 10. OFFIC	ER OR DIRECTO	R POSITIONS		
List any for-profi held any office, tion was comper	it or nonprofit corporation, firm, association, pa trusteeship, directorship, or position of any na nsated. If a family member listed, indicate you	artnership or busines	s in which you or a m	ember of your immed the position and with member	ediate family hether the pos
None	The second secon	entropy (Company of the Company of t	Agency grown in the state of the contract of t	Commence of Children and Childr	on and b. Laws and the second of the second
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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	ADDITION	AL INFORMATIO	N		
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