

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

Maine Ethics Commission

FEB 1 8 2011

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.

LEGISLATOR INFORMATION								
Name Mark Eves			Office:	☐ Senate				
Mailing address 79 A Madison S	ah artuman mengeri Panggung (Aga Panggung 1906-190). Ang panggung kanggung kanggung kanggung kanggung panggung	District 11/6						
City, zip code North Bervick, Ma	906	Phone 207-676-1001						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
None		(1-4-)-(5-2-)-(7-4-)-(4-2-)-(7-4-)-(4-2-)-(7-4-)-(4-2-)-(7-4-)-(7-	######################################	43 179/9786 5/10/9863334 (2019)				
Name of Employer		Address		e of Economic Activity f Employer				
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE								
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.								
None	Photograph and the Photograph of Europe states are available asset of Andrea	ment the control of t	CONCESSO A CONTINUE POR PROPERTY OF A CONTINUE POR PROPERTY OF A CONTINUE POR PROPERTY CONTINUE FOR A CO	empropriation de la company de				
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:		THE CONTRACT OF THE CONTRACT O	neeronees (1400) est 1400 est					
Address:		The state of the s						
Name:		The second secon	and the state of t	TOPONY (CHAICHPANNIA NANININI SEELIMAANAANAANAANAANAANAANAANAANAANAANAANAAN				
Address:								

	RIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of eco	aw practice that represents more than 10% of your gross income or phomic activity of the entity or person from whom you derived such tablished code of professional ethics, specify only the principal type of derived.
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	American de la constante de la
Address:	
Name:	Application of the Control of the Co
Address:	
	DURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 box.	? of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	tability in Andreas An
Address:	
Name:	
Address:	T-pro-re-re-re-re-re-re-re-re-re-re-re-re-re-
Name:	
Address:	ASSESSED TO THE PARTY OF THE PA
PART 4. REPORT	ABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m	nore that you received during the reporting period, and list the major
areas of economic activity of each creditor. Do not list credit card liable regulated financial institutions. If none, check the box.	oilities, educational loans, loans from a relative, or business loans from
Alone Service	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	Benderation
Address:	
Name:	
Address:	
	RTABLE GIFTS
List the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the reporting period with the specific source of gifts received during the gifts	th an aggregate value of more than \$300. If none, check the box.
Name of Source of Gift	Name of Source of Gift
	LIGHTO OF COURT OF CITY
1. Canail & State Gr.	3.

terres terres estate and the second terres and the second and the		ABLE HONORARIA			
List the source of any honoraria accepted for appearances or	r speeche	es. If none, check the box.			
None					
Name of Source of Honoraria		Name of So	ource of Honoraria		
1.		3.			
2.	THE CONTRACTOR OF THE CONTRACT	4.			
PART 7. REPRESEN	TATION	BEFORE STATE AGENCIE	S		
List each executive branch agency before which you represe box.	ented or	assisted others for compensatio	n of any amount. If none, check the		
None	As in the contract of the cont	taning pagangganggangganggangganggangganggangga	ampungangan pangangangangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan pa		
Name of Agency		Name	of Agency		
1.		3.			
2.		4.			
PART 8. BUSIN	IESS WI	TH 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 you a family m	r immediate family sold goods on the control of the	or services with a value in excess of s. If none, check the box.		
None					
Name of Agency		Name	of Agency		
1.		3.			
2.		4.			
PART 9. INCOME RECEIVE	ED BY M	EMBERS 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 incom	ne represented. If your spouse of	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income Received	Kind of Income		
Name: Laura Eves Job Title: Customer Service Rq North Berwerk Town Mall	1.Cv5 2. 3.	toma Service hep.	1. Howly for 2.		
	J.		J.		
Dependent Child(ren) - Job Titles Only					
Job Title: NA		AAP-PA-CI-CI-CI-CI-CI-CI-CI-CI-CI-CI-CI-CI-CI-			
Job Title:					
Job Title:	-				

held any office,	fit or nonprofit corporation, firm, associat trusteeship, directorship, or position of a ensated. If a family member listed, indica	any nature. Indicate whethe	r you or a family held	the position and wh	diate family nether the posi-
None		ikhani di ninintari bandan dikunari taran marana yaran jengingi yayaya gaya a basa da 2000ka ketebahai da bahai bahai kata ana wababa			talente de la companya de la company
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		discovered to the second secon			
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willfully filed a	l filing of a false statement is a Class false statement, it shall refer its findir	s E crime. If the Commis ngs of fact to the Attorney	sion concludes tha General. (1 M.R.:	t it appears that a S.A. § 1019)	Legislator ha
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	Signature			eate	
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		DITIONAL INFORMATION			
Please provide the information	e any additional information below (a n you are providing. Use additional p	and on additional sheets i pages, if necessary.	f needed). Indicate	e the part or secti	on number for
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Part/Section					
Number					
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PART 10. OFFICER OR DIRECTOR POSITIONS