

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

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Fax: 207-287-6775

FEB 1 8 2011

Maino Ethics Commissio 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 Anne P. Graham	Offige:
Mailing address 97 Form & Edge Rd	District #109
City, zip code North yarmouth, maine Olcoan	Phone 846-0049
PART 1. INCOME DERIVED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each employer from whom you received compensation of \$1,000 economic activity of each employer.	0 or more. Specify the principal type of
None	**************************************
Name of Employer Address	Principal Type of Economic Activity of Employer
City of Portland Congress St School Based Health Clinics Portland, Mai	Health Care/
MSAD #51	dimplublic School
Townof North garmouth Rtq	Selectperson
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business or law firm, if any, and list the major areas of ecor derived income. If associated with a partnership, firm, professional association, or similar business activity or practice of that entity.	nomic activity or practice from which you sentity, list the major areas of economic
None	Andrew Area and any open property of the Control of
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:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Address:	
Name:	normalise and deliverage and deliver to the second of the second and the second a
Address:	

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	PART 2 (continued). INCOME D	· ·	i i
income. If this form of disc	come derived from self-employment or ter, and specify the principal type of ϵ closure is prohibited by law, rule, or an exity or person from whom the income wa	economic activity of the entity or established code of professional or	manage frame of the control of the c
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		The second secon	N N SABABA (A MENNANNANNANNANNANNANNANNANNANNANNANNANNA
Address:	· ·		
Name:	,我们就是有一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个	kalanda, arang gi sang 13.2, halahan mengang menggapankan agam menang menggapang menggapang menggapang deganan	rancopalistical de la company de la comp
Address:			
	PART 3. OTHER S	SOURCES OF INCOME	
List each source of income of	of \$1,000 or more <u>not listed</u> in Parts 1 or		s or honoraria. If none, check the
box. None	•	MARION CONTRACTORY (SET A SERVICE CONTRACTORY CONTRACT	The state of the s
N. A. S.	VACANAMARANGARANGARANGARANGARANGARANGARANGA	**************************************	Kind of Income
\$	Name and Address of Source	Declaration of the state of t	(investments, leases, etc.)
Name:	•	·	
Address:			t F
Name:	The state of the s	Advantages and the St. (A. St.	erenen in 1920 kan hala kennen erenen 1920 (1934) kan hala mengapan (1934) kan kennen persentak kennen erenen kennen kenn
Address:			
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Address:		•	
· · · · · · · · · · · · · · · · · · ·	The state of the s	TABLE LIABILITIES	
List the names of creditors for areas of economic activity of regulated financial institutions	or any <u>unsecured</u> loans of \$3,000 or neach creditor. Do not list credit card liable. If none, check the box.	nore that you received during the bilities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from
None '	*** Company of the Control	in hongstrangen til stadisk och han han som grann oppstration det som myng skill frest stade frem myng det fill fill stade frem det frem frem det fyrjelsted.	400 Marinin der der filt for the Call Marine de vorlage filt for the Marine de vorlage filt filter de vorlage f
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:			
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Address:			
ist the specific source of sitte	PART 5. REPO		
Control of the Contro	received during the reporting period wit	h an aggregate value of more than	\$300. If none, check the box.
None	Mellindrade the manuscript of the following in the manuscript of the second of the sec	Same Start on the secretary College Start	TO THE STATE OF TH
Name of	f Source of Gift	A STATE OF THE PROPERTY OF THE	ource of Gift
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PART 6.	REPORTABLE HONG	DRARIA
List the source of any honoraria accepted for appearances	s or speeches. If none, cl	heck the box.
None	Mysteller der Colde und des Allehousen von Angeles gegennen von Mary (n. 1925 – A. A.)	use and a state of the transfer of the transfe
Name of Source of Honoraria		Name of Source of Honoraria
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1.	3.	
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PART 7. REPRESE	ENTATION BEFORE S	TATE AGENCIES
List each executive branch agency before which you repre	esented or assisted othe	rs for compensation of any amount. If none, check th
box.		
None	PETER CONTROL AND	
Name of Agency	THE RESERVE OF THE PROPERTY OF	Name of Agency
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	( Governo.	- Country James Ja
2.	4.	
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the state of the s	SINESS WITH STATE	
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	nber of your immediate for	amily sold goods or services with a value in excess o
None None	Га Іаппу папростора и	e goods of services. If hone, check the box.
Name of Agency	Section of the sectio	Name of Agency
1.	<b>3.</b>	
		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
<b>2</b> .	4.	
PART 9. INCOME RECEIV	JED BY MEMBERS OF	E IMMEDIATE FAMILY
<u> </u>		F IMMEDIA I E FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income represented ly the job title of depender	<ol> <li>If your spouse or domestic partner received income nt children who received income of \$1000 or more. Do</li> </ol>
Name of Spouse or Domestic Partner and Job Title	Type of Econor Representing Sou Receive	rce of Income Kind of Income
Name: Ron W. Groham Sr.	1. Premier Se	
	2.	2.
Job Title: Coach	3.	3.
Dependent Child(ren) - Job Titles Only	3884 Andreades and an All States and an annual and an angular and an annual and an annual and an annual and an	
Job Title:		
Job Title:		
Job Titie:		
ob ride.		

4.

	PART 10. OFFICE	ER OR DIRECTO	R POSITIONS		
I neid any onice	ofit or nonprofit corporation, firm, association, pa e, trusteeship, directorship, or position of any nati pensated. If a family member listed, indicate you	ure. Indicate wheth	er vou or a family belo	the position and w	ediate family hether the posi-
None	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	NOTE date of the second	Beneromagnet (1927/1920) Albertones - encouragnete registre, 1923/1920 (Individual	nennenn (et et et en	Northeanneann ann an Aire ann an Aire ann an Aire ann an Aire a
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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The intentiona	I filing of a false statement is a Class E crim false statement, it shall refer its findings of f	ne. If the Commis	sion concludes that	tit annears that a	
	undy refran	_			
	Signature		- Da	ate	
-	ADDITION	AL INFORMATION	N	1 d 2)	
Please provide the information	e any additional information below (and on a n you are providing. Use additional pages, i	additional sheets in the same of the same	f needed). Indicate	the part or section	on number for
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