

Name

Mailing address

FEB 18 2011

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

Office:

District

M House

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

☐ Senate

Phone: 207-287-4179 Fax: 207-287-6775

## 2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Maka Since Core Area

Covering the calendar year January 1, 2010 through December 31, 2010

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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** 

| Po Box 1311   |  |  |   | 38   |  |
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| City, zip code<br>ENSWOYTH, ME  | alechi-desiraldesiraliviiviiviiviiviiviiviiviiviiviiviiviivi   | Hamilians (unstantivo) tour en (sessesses substantivo) estantino de la company de la c | ilinede del tradición de destructura de del tradición de la destructura de la defensión de la defensión de pas<br>Constituira de destructura de la destructura del destructura de la destructura del destructura de la destructura de la destructura de la destructura de l | Phone  |  |
| Ellsworth, ME   | 046  | 05   |   | 207-664-4699   |  |
|   |  |  |   |  |  |
| PART 1. INCO  | ME DERIVE  | D FROM EM  | PLOYMENT BY AN  | OTHER  |  |
| List the name and address of each employer freeconomic activity of each employer.   | om whom yo   | ou received cor  | npensation of \$1,000   | or more. Specify the principal type of   |  |
| None  | hinisininkuninensiskun mis esseren muun muun muun ja ee engaga   |  | мостина дана в иншиности в вого учено под под серено до до под серено до д   | PROBLEM COPPING of Desired Districted And Desired Control of Contr |  |
| Name of Employer  |  | Addre  | 5 <b>S</b>  | Principal Type of Economic Activity of Employer  |  |
| PSV #24   | 248 S<br>E7(sv   | tate St.<br>orth, ME   | Snite 3A<br>04605   | School system-<br>coach  |  |
|   | No. of the field field of the f |  |   |  |  |
|   |  | 19999999 VII 1995 VII 1996 VII  | and the second s    | Elder Michael Arthriche Anderson (Alle Anderson  |  |
|   | mand account of the contract o |  |   |  |  |
| PART 2. INCOME DE   | RIVED FRO  | OM SELF-EMI  | PLOYMENT OR LA  | W PRACTICE   |  |
|   |  |  |   |  |  |
| A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity. | or iaw tirm, ir<br>firm, profess   | any, and list the sional association   | e major areas of econ<br>on, or similar business  | entity, list the major areas of economic   |  |
| None  | Child Phot I (Phillips) had halisaha kanani asaan fasaan asaan maa   | proprieta de la companiente de la comp   | sist a recommission to construct of a street good-constructed good-configuration (Approximately Section Approximately Section Approx    | PORTER FOR EACH AND  |  |
| Name and Address of Business Entity or Law Firm   |  | Major Areas of Economic Activity/<br>Law Practice (self)   |   | Major Areas of Economic Activity/<br>Law Practice<br>(partnership, association, firm or similar<br>business entity)  |  |
| Name:   |  | , , , , , , , , , , , , , , , , , , ,  | memman, memman, qui CE SERVE PLES ACTIVITÀ PER PER SERVE ACTIVITÀ PER ACTIVITÀ PER ACTIVITÀ DE SERVE  | recommendence and an anti-shake an anti-shake and picked the anti-shake and an anti- |  |
| Address:  | er eer an week   |  |   |  |  |
| Name:   | Profestite de 10 tendro de 14 miliona concernado no comencidado de 15 de 15 milionarios de 15 de | PP///PPPM/\CEEEELP/ABBRIT/\/Abbar/abbrit/Abb |   | (CPMM) (C |  |
| Address:  | m 1011 ( 100 )   |  |   |  |  |
|   |  |  |   |  |  |

| PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY   | MENT  |
|---|---|
| B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or pe income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethi economic activity of the entity or person from whom the income was derived. | erson from whom you derived such  |
| Name and Address of Source  | Principal Type of Economic<br>Activity of Entity or Person Who is<br>the Source of the Income |
| Name:   |   |
| Address:  |   |
| Name:   |   |
| Address:  |   |
| PART 3. OTHER SOURCES OF INCOME   |   |
| List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.   | or honoraria. If none, check the  |
| None  |   |
| Name and Address of Source  | Kind of Income<br>(investments, leases, etc.)   |
| Name:   |   |
| Address:  |   |
| Name:   | льно может в под дому производ по под под под под под под под под по                          |
| Address:  |   |
| Name:   |   |
| Address:  |   |
| PART 4. REPORTABLE LIABILITIES  |   |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from regulated financial institutions. If none, check the box.  | reporting period, and list the major magnetic are a relative, or business loans from          |
| □ None  |   |
| Name and Address of Creditor  | Principal Type of Economic<br>Activity of Creditor  |
| Name:   |   |
| Address:  |   |
| Name:   |   |
| Address:  |   |
| PART 5. REPORTABLE GIFTS  List the specific source of gifts received during the reporting period with an aggregate value of more than   | \$300 If none shock the have  |
| None  | T WOOD. IT HOTE, CHECK THE DOX.   |
|   | Source of Gift  |
| 1. 3.   |   |
| 2. 4.   |   |

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| PART 6. RE  | PORTA  | BLE HONORARIA  |  |  |  |
|---|--|--|--|--|--|
| List the source of any honoraria accepted for appearances or  | speeches   | s. If none, check the box.   |  |  |  |
| ☐ None  |  |  |  |  |  |
| Name of Source of Honoraria   |  | Name of Sou  | irce of Honoraria  |  |  |
| 1.  |  | 3.   |  |  |  |
| 2.  | The state of the s | 4.   |  |  |  |
| PART 7. REPRESENT   | ration i   | BEFORE STATE AGENCIES  |  |  |  |
| List each executive branch agency before which you represe box.   | ented or a   | ssisted others for compensation  | of any amount. If none, check the  |  |  |
| ☐ None  | albelderillineld Heldlinds Callineal Helanda I   | Estance de la Mandala de action de demons de des des des de la Característica de la Caracterí | A SCHOOL TO BE CONTROLLED AND THE CONTROL  |  |  |
| Name of Agency  |  | Name   | of Agency  |  |  |
| 1.  |  | 3.   |  |  |  |
| 2.  | -web with the second statement.  | 4.   |  |  |  |
|   |  | TH STATE AGENCIES  |  |  |  |
| List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a   |  |  |  |  |  |
| ☐ None  |  | ammanananananananananananananananananan  | halimatamata dhalina ta dhe ciamhanii da hali dheanna dhe te te te ta dheanna dheanna tha dheanna dheanna dhanna dheanna dheann dheanna dheann |  |  |
| Name of Agency  |  | Name   | of Agency  |  |  |
| 1.  | 11/  | 3.   |  |  |  |
| 2.  | 37/20  | 4.   |  |  |  |
| PART 9. INCOME RECEIVE  |  |  |  |  |  |
| 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 the not include gifts. | of income  | e represented. If your spouse of   | r domestic partner received income   |  |  |
| Name of Spouse or Domestic Partner and Job Title  |  | ype of Economic Activity<br>resenting Source of Income<br>Received   | Kind of Income   |  |  |
| Name:   | 1.   | San  | 1.<br>2.   |  |  |
| Job Title:  | 3.   |  | 3.   |  |  |
| Dependent Child(ren) - Job Titles Only  |  |  |  |  |  |
| Job Title:  | To the state of th |  |  |  |  |
| Job Title:  |  |  |  |  |  |
| Job Title:  | and the form   | Statement  |  |  |  |

|  |  | PART 10. OFFIC   | ER OR DIRECTOR   | POSITIONS  | occuping and on the Earth County   |  |
|--|--|--|--|--|--|--|
| held any office,   | ifit or nonprofit corporation<br>, trusteeship, directorship,<br>ensated. If a family memb                     | or position of any nat   | ture. Indicate whether   | you or a family held   | the position and wh  | diate family ether the posi-   |
| ☐ None   |  | The state of the s | от 1990-ж. Совет и при при при при при при при при при п   | a a marana a marana ya ya fa da  | the committee of the co |  |
|  | Organization/Busines<br>and Address  | SS   | Title  | Position Held<br>By:   | Family Member's<br>Name  | Compen-<br>sated?  |
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|  |  |  | SIGNATURE  |  |  |  |
| A Legislator wh  | no willfully fails to file a   | required statement   | is subject to a fine o   | of up to \$100. (1 N   | /I.R.S.A. § 1017-A   |  |
| The intentional  | I filing of a false statem   | ent is a Class E crir  | me. If the Commiss   | ion concludes tha  | t it appears that a  |  |
| willfully filed a f  | false statement, it shall  | refer its findings of  | fact to the Attorney   | General. (1 M.R.   | S.A. § 1019)   |  |
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|  |  | ADDITIO  | NAL INFORMATIO   | N  |  |  |
| Please provide   | any additional informa   | ation below (and on  | additional sheets if   | needed) Indicate   | the part or section  | n number for   |
| the informatior  | n you are providing. Us  | se additional pages,   | if necessary.  | noodody. maioda  | , the part of section  | ar number joi  |
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