

Name

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

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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

FEB 0 3 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

W. BRUCE MAC DONALD		✓ House	
Mailing address		District 6 /	
6 SG BACK RIVER IZD		BBEECH STREETEN AND AND AND AND AND AND AND AND AND AN	
W, BRUCE MAC DONALD Mailing address 6 SG BACK RIVER RD City, zip code BOTHBAY, ME 045:	37	Phone 633 -0570	
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY AND	DTHER	
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation of \$1,000 o	or more. Specify the principal type of	
None			
Name of Employer	Address	Principal Type of Economic Activity of Employer	
	1977 (Ad 1977 - 1974) and the desired in the desired in the desired in the desired parameter in the desired in		
		5	
PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or law firm, i derived income. If associated with a partnership, firm, profes activity or practice of that entity.			
None	очення в под	од о	
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:			
Address:	The second secon		
Name:	mmercummercum (1952-1964) (1954-1954) (1954)		
Address:			
	<u>:</u>	<u> </u>	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment or is \$1,000, whichever is greater, and specify the principal type of econome. If this form of disclosure is prohibited by law, rule, or an esteconomic activity of the entity or person from whom the income was a	onomic activity of the entity or perturbed tablished code of professional eth	erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		Vertermoved (pp.) Million Sphillion
Name: Address:		
PART 3. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	OURCES OF INCOME 2 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: Address: SOCIAL SECURITY ADM	INISTRATION	SOCIAL SECURITY
Name: Address: MASS, TEACHERS RETIREME	ENT SYSTEM	RETIREMENT
Name: Address: 401 K		DISTRIBUTION
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	nore that you received during the pilities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from
None	Middelinka kulukunun manan mente-dener Protesten makka kilokula dalah bebahan kalan kulukun menduluk menduluk m	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	0 - 20 10 / 10 - 10 - 10 - 10 - 10 - 10 - 10	
Name: Address:		
Addition.		
PART 5. REPO List the specific source of gifts received during the reporting period wit		n \$300. If none check the box.
None	Train aggregate tales sure	THOUGH IN HOLD, WHO HAD SOME
Name of Source of Gift	Name of S	Source of Gift
1.	3.	valiniska kanislavka inningangangangangan panyan panyan at tiburu umumumumumumumumumumumumumumumumumum
2.	4.	9998-4999-49 (УКСРОЧИ Абайништин калана калана калана калана карапурдуу (ССС) жийгин баший калана (ССС) жалана

PART 6. RI	EPORTABLE HONORARIA
List the source of any honoraria accepted for appearances or	r speeches. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 7. REPRESEN	ITATION BEFORE STATE AGENCIES
List each executive branch agency before which you represe box.	sented or assisted others for compensation of any amount. If none, check the
None Name of Agency	Name of Agency
1.	3.
2.	4.
	NESS WITH STATE AGENCIES
	ber of your immediate family sold goods or services with a value in excess of a family member sold the goods or services. If none, check the box.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kind	of income of \$1,000 or more received by your spouse or domestic partner or d of income represented. If your spouse or domestic partner received income the job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income
Name: GEORGIA INTLAND Job Title:	1. UNEMACYMENT 2. UNEMPLOYMENT 3.
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Title:	

Organization/Business Title Position Held Family Member's Com	None None		TO THE CONTRACT OF THE CONTRAC				
SIGNATURE A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legisla willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number information you are providing. Use additional pages, if necessary.		Organization/Business		Position Held	Family Member's	Compen-	
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PART 10. OFFICER OR DIRECTOR POSITIONS