²2010 Calendar Year





FEB 18 2011

Maine Ethics Commission

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

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.

L FOID ATOD INFORMATION								
LEGISLATOR INFORMATION								
Name Office: House Senate								
Mailing address 7 First St								
City, zip code Winslow Me 04401 Phone 873-5106								
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								
Name of Employer Address Principal Type of Economic Activity of Employer								
Hall School Waterville Me Sub. Teacher								
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								
Name and Address of Business Entity or Law Firm Name and Address of Business Entity or Law Firm Law Practice (self) (partnership, association, firm or similar business entity)								
Name:								
Address:								
Name:								
Address:								

	PART 2 (continued). INCOME DERIVED F	ROM SELF-EMPLOYMENT
income. If this form	ce of income derived from self-employment or law practice is greater, and specify the principal type of economic act of disclosure is prohibited by law, rule, or an established of the entity or person from whom the income was derived.	e that represents more than 10% of your gross income of
STATE OF THE STATE	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		The state of the s
Address:		
Name:		The state of the s
Address:		
	PART 3. OTHER SOURCES (DE INCOME
List each source of in	ncome of \$1,000 or more not listed in Parts 1 or 2 of this for	
		Bo not include girls of honorana. If hone, theth the
None		-
	Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	B Pacific Inco Jo	ha Williams IRA
Address:	fail	field me
Name:		
Address:		
Name:		
Address:		4 - 4
	PART 4. REPORTABLE LIA	BII ITIES
arcas or economic act	ditors for any <u>unsecured</u> loans of \$3,000 or more that you livity of each créditor. Do not list credit card liabilities, educatitutions. If none, check the box.	t received during the same at
None		
	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
	DADTE DEDOCTABLE O	
ist the specific source	PART 5. REPORTABLE G	· · · · · · · · · · · · · · · · · · ·
None	of gifts received during the reporting period with an aggrega	are value or more than \$300. If none, check the box.
	Name of Source of Gift	
*	3.	Name of Source of Gift
	4.	The second of th

	REPORTABLE HONOR		
List the source of any honoraria accepted for appearance	s or speeches. If none, chec	k the box.	
None		· · · · · · · · · · · · · · · · · · ·	,
Name of Source of Honoraria	nement Sundicine (State Control of State	Name of Source of Honora	ria .
1.	3.		·
2.	4.	. Начество 2003 г. Суд 1866 (Начина на принципа на принципа на принципа на принципа на принципа на принципа на Принципа на принципа на пр	·
PART 7. REPRESI	ENTATION BEFORE STA	TE AGENCIES	
List each executive branch agency before which you repubox.	resented or assisted others for	or compensation of any amoun	t. If none, check the
None	M0480044/8804440000994-6698444-4644-4644 ₃ -4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	Note discuss a constructive of the property of	PATORONIA SANDONIA S
Name of Agency		Name of Agency	
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2.	4.	летуринги. 2014 г. д.н. и на начава на начания при порожения подостовной до 222 до 240 г.н. д. д.н. д.н. д.н.	And processing a compression of the compression of
PART 8. BUS	SINESS WITH STATE AG	ENCIES	
List each executive branch agency to which you or a med \$1,000 during the reporting period. Indicate whether you or	mber of your immediate fami	ily sold goods or services with	a value in excess of
None	A LATERIA CONTRACTOR OF THE PARTY OF THE PAR	OUGS OF SOFTERSON IN THE CONTRACTOR OF T	N UIC DOX.
Name of Agency		Name of Agency	
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2.	4.	Contraction of the Contraction o	A THE RESIDENCE TO SECURITION SEC
PART 9. INCOME RECEIV	VED BY MEMBERS OF IN	MEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki of \$1,000 or more, list his or her name and job title. List on not include gifts.	ind of income represented. It ity the job title of dependent of	f your spouse or domestic partr hildren who received income of	ner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Representing Source Received		of Income
Name: 8:11 Moissette Job Title: Clet K	1. Files lett 2. 3.	1. Pay 2. 3.	
Dependent Child(ren) - Job Titles Only		. Magning C Broke op was we was an ab Constitute BSSOS, ASSER PROPERTY PROPERTY AND ASSERTED AS AN ART AN ART AN ART AND ASSERTED AS A ART AND ASSERTED AS AN ART AND ASSERTED AS AN ART AND ASSERTED AS A ART AND ASSERTED ASSERTED ASSERTED AS A ART AND AS	eryperter (distributed (distributed distributed distri
Job Title:		Comment of the Commen	***VIRTORY / Alde 4144 Million / VIA Million recent analy / Ald Clinic VIA III (in our consenses)
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Job Title:	ennendelsennende, et en sint op pleiste geste den ste den den den ste den ste den den ste den ste den ste den s	· Wagner of the control of the contr	ere en selectiva de menora de la produce de

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	PART 10. OFFIC	ER OR DIRECTO	OR POSITIONS					
held any office	ofit or nonprofit corporation, firm, association, pa e, trusteeship, directorship, or position of any nat pensated. If a family member listed, indicate you	ure. Indicate whetl	her vou or a family held	the position and a	nediate family whether the posi-			
None		CONTROL CONTRO	PROPERTY ACCIDENT ACADEMIC ACCIDENT TO THE PROPERTY OF THE PRO	A CONTRACTOR OF THE CONTRACTOR	To SPANY CHARGE A CONTROL OF CONT			
and the second of the second o	Organization/Business and Address	Title	Position Held By:	Family Member's Name	s Compen- sated?			
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A 1:: -1 - t	ho willfully fails to file a required statement	SIGNATURE						
5.	$\frac{2/8/11}{\text{Signature}}$							
	ADDITIO	NAL INFORMATI	ON	. •				
Please provide the information	e any additional information below (and on you are providing. Use additional pages,	additional sheets if necessary.	if needed). Indicate	the part or secti	on number for			
Part/Section Number					THE STATE OF THE S			
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