

----Commission RECEIVED

FEB 18 2011

Maine Ethics Johnnission

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.

LEGISLATOR INFORMATION							
Name Diane Russell		Office:  Mul House					
Mailing address  28 UCSPER ST #	interview to the transfer of the state of th	District 120					
City, zip code	Phone 272 918 2						
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					
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	Peter						
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PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAV	V 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	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)					
Name: Address:							
Name:							
Address:							
		······································					

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLO	(MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of ecincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	conomic activity of the entity or p stablished code of professional eth	erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Whe is the Source of the Income
Name:		
Address:		e de
Name:	менти проточно (1956 г.) Этори и пробе в в воде в постоя на постоя на постоя в постоя в постоя в воде в постоя	
Address:		
PART 3. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None	00 PP (CP) PP	онштом Антиновой от постоя по выполнения на наприменения в постоя
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		, and the second
Address:		
Name:		
Address:		
Name:		
Address:		
PART 4. REPORT	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or r areas of economic activity of each creditor. Do not list credit card lial regulated financial institutions. 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
A None	unnegeriche i Bregistech (Urterle Verteilerh abhändelnistennen museum unter men m. 19. gregog den elle dichteur	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
	PRTABLE GIFTS	
List the specific source of gifts received during the reporting period with	th an aggregate value of more tha	n \$300. If none, check the box.
Name of Source of Gift		
	Name of 3.	Source of Gift
1 Progressive States Network K	4.	

PART 6. R	EPORT	ABLE HONORARIA		
List the source of any honoraria accepted for appearances o	r speech	es. If none, check the box.		
Name of Source of Honoraria	/******/******************************			
Name of Source of Honorana  1.		Name of So	urce of Honoraria	
1.		J.		
2.	***************************************	4.	ramen a marine to destruit the	
PART 7. REPRESEN	TATION	N BEFORE STATE AGENCIES		
List each executive branch agency before which you repres box.	ented or	assisted others for compensation	of any amount. If none, check the	
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Name of Agency		Ni	J A	
1.		Name of Agency		
		3.		
2.	-ands snobosenovanačnovanace	4.		
		Yg y y y y y y y y y y y y y y y y y y y		
PART 8. BUSIN	IESS W	ITH STATE AGENCIES		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of yo	ur îmmediate family sold goods o	r services with a value in excess of	
None	панну п	nember sold the goods or services	s. If none, check the box.	
Name of Agency		Name	of Agency	
1.		3.		
2.		4.		
PART 9. INCOME RECEIVE  List the type of economic activity representing each source of		MEMBERS OF IMMEDIATE FA		
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	d of incor	me represented. If your spouse o	or domestic partner received income	
not include gifts.	nie job n	me of dependent children who rec	eived income of \$1000 or more. Do	
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income	Kind of Income	
		Received		
Name:	1.		1.	
Job Title:	2.		2.	
	3.		3.	
Dependent Child(ren) - Job Titles Only	***************************************			
Job Title:				
		et telegraphistory to the desired and the desi	prot ti ilia deletera manusculari anno anno anno anno anno anno anno ann	
Job Title:				
Job Title:		er v v v v v v v v v v v v v v v v v v v	- NEW CERTON CONTRACTOR PROPERTY (America) Construences as a sign of global 3 security of Certol (18 del 18) (18 d	

	PART 10. OFFI	ICER OR DIRECTOR	POSITIONS		
held any office,	fit or nonprofit corporation, firm, association, trusteeship, directorship, or position of any r	nature. Indicate whether	you or a family held	d the position and wh	diate family hether the posi-
tion was compe	ensated. If a family member listed, indicate y	our relationship and the	name of the family	member.	Month of the state
None	Organization/Business		Position Held	Family Member's	Compen-
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		notation and other many and an artist and an artist and an artist and an artist and artist artist artist artist and artist	**************************************		
		SIGNATURE			
A Legislator wl	ho willfully fails to file a required stateme	nt is subject to a fine o	of up to \$100. (1	M.R.S.A. § 1017-A	۷)
The intentional	l filing of a false statement is a Class E ເ false statement, it shall refer its findings	orime. If the Commiss	ion concludes the	at it appears that a	Legislator has
winding medica	and statement, it shall refer its infairigs	or fact to the Attorney	General. (Tivi.iv.	.o.A. 9 1019)	
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Lunce	July 2013		_2//7	1/20/1	
	Signature			Jale ,	
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		IONAL INFORMATIO			
Please provide the information	e any additional information below (and n you are providing. Use additional page	on additional sheets if es, if necessary.	needed). Indicat	te the part or secti	on number for
Part/Section					
Number					
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