

FEB 03 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 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

Name Heather Siro			Office:	□ Consts
4.8 '11'			District	☐ Senate
32 Glendale C	ircle		12	
Sity, zip code		04074	Phone 83-	5609
PART 1. INCOM	E DERIVED	FROM EMPLOYMENT BY	ANOTHER	
List the name and address of each employer from economic activity of each employer.	m whom you	received compensation of \$1,	000 or more. Specify	the principal type of
None	e a a de anticipi de contra e e e a contra de en de forte de en a al acesa e e a a contra e			
Name of Employer		Address		of Economic Activity Employer
John B. Corry and Peter R. Then DAD	254	Western Ave	Dento	
Peter R. Then Dard	So. Po	ortion. ME 041	<b>106</b> 0	ff.ce
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NOVA A A DESTAURABLES				
PART 2. INCOME DER	RIVED FROI	A SELF-EMPLOYMENT OR	LAW PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, factivity or practice of that entity.				
None	**************************************	одина в водо в водинения принципання на принципання в принципання в принципання на принципання принципання по п	од да ут вымога в селото в голостратов соворат населения раз в запада в годината в принцип в годината в година	annes en a symmetre en
Name and Address of Business Entity or Law	Firm	Major Areas of Economic Actin Law Practice (self)	vity/ La (partnership, as	of Economic Activity/ w Practice ssociation, firm or similar siness entity)
Name:				and the second s
Address:			** The second of	
мате:	***************************************	***Colombus Anti-Colombus Activis Colombus Activis Colomb	uneaut valent til storet formund given storet med storet formund er en hen storet storet formund er et beståret storet st	rich met het vin eine der der der der der der der der der de
Address:			ene Affilia Ariano	
			100	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eccincome. If this form of disclosure is prohibited by law, rule, or an esconomic activity of the entity or person from whom the income was a	pnomic activity of the entity or per 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:		** Charles Communication of the Communication of th
Name:		
Address:		
PART 3. OTHER SO	OURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 box.	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:		
Name:		
Address:		
Name:		
Address:		
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	ore that you received during the illities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	NOTION OF THE PROPERTY OF THE	
Address:	And and an analysis of the second sec	
Name:		
Address:	A C C C C C C C C C C C C C C C C C C C	
PART 5. REPO	RTABLE GIFTS	
List the specific source of gifts received during the reporting period with	h an aggregate value of more that	n \$300. If none, check the box.
None		
Name of Source of Gift		Source of Gift
1.	3.	
2.	4.	

PART 6. RE	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeches. If none, check the box.	
None		
Name of Source of Honoraria	Name of So	ource of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESENT	TATION BEFORE STATE AGENCIE	Š
List each executive branch agency before which you represe box.	ented or assisted others for compensatio	n of any amount. If none, check the
None		
Name of Agency	Name	e of Agency
1.	<b>3.</b>	
2.	4.	
PART 8. BUSIN	ESS WITH 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 your immediate family sold goods	or services with a value in excess of
None	ranny member sold the goods of service	3. IT HOTE, CHECK THE DOX.
Name of Agency	Name	of Agency
1.	<b>3</b> .	
2.	4.	
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE F	AMILY
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	of income represented. If your spouse	or domestic partner received income
not include gifts.	Type of Economic Activity	
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Kind of Income
Name:	1.	1.
Job Title:	2.	2.
	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

PART 10. OFFIC	ER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ure. Indicate whether	you or a family held	the position and	nediate family whether the posi-
□ None				
Organization/Business and Address	Title	Position Held By:	Family Member Name	s Compen- sated?
The Gym Dandies	Preside-1/	Soif		A
Children Circus	Preside-1/ Chair			7
Scarbonush BAND	Secretary	Į.		8
Boosters				
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	SIGNATURE			
A Legislator who willfully fails to file a required statement		of up to \$100. (1)	M.R.S.A. § 1017	-A)
The intentional filing of a false statement is a Class E cri				•
willfully filed a false statement, it shall refer its findings of	fact to the Attorney	General. (1 M.R.	S.A. § 1019)	<b>3</b>
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