

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

Maine Ethics Con Labora 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

FEB 18 2011

Michael Willette Mailing address SO Hards St		Office: House Senate
Mailing address	illinen in herspirite State State State State in communication of the spirite state of the state	District
SO Hard, St		5
City zip code Presync Isle 04769		Phone 762-7/8/
PART 1. INCOME DERIV	VED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 c	or more. Specify the principal type of
☐ None	and and the state of the state	
Name of Employer	Address	Principal Type of Economic Activity of Employer
BIS BOS Real Espok 398	Main. St.	Commission on
1 1139	ue Isle, ME	Hed Estak Transactions
NIS Processor		
todisso a municipal		
Anna		
PART 2 INCOME DEDIVED ES	ROM SELF-EMPLOYMENT OR LAV	BDACTICE
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major areas of econo essional association, or similar business of econo	mic activity or practice from which you entity, list the major areas of economic
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
Name Par Rear Real Estate	11514	business entity)
Name: By Bear Real Estate Address: 398, Main St. Pasque Isle, ME	Peul Estate	
Name:		
Address:		

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
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 est economic activity of the entity or person from whom the income was of	nomic activity of the entity or pe ablished 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:		The Control of the Co
Name:		Processor Commence of the Comm
Address:		
PART 3. OTHER SO	URCES OF INCOME	
List each source of income of \$1,000 or more not listed 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 maleas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. REPO	RTABLE GIFTS	
List the specific source of gifts received during the reporting period with	h an aggregate value of more tha	n \$300. If none, check the box.
None	**************************************	
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	
- -	••	

PART 6 R	EPORTABLE HONORARIA			
List the source of any honoraria accepted for appearances o				
None	and the same transport of the same transport of the same transport of the same transport of the same transport			
Name of Source of Honoraria	Name	of Source of Honoraria		
1.	3.			
	ан ишман на ала			
2.	4.			
	or elas vizzanio			
PART 7 DEDDESEN	TATION BEFORE STATE AGE	NOIFE		
List each executive branch agency before which you repres				
box.	eured or assisted onless for combo	isation of any amount. In none, oneon the		
None				
Name of Agency	guis 2004 (Name of Agency		
1.	3.			
	i selany			
2.	4.			
	TTT-1-2-1-2-4-4-5-5			
PART 8 BUSIN	NESS WITH STATE AGENCIES			
List each executive branch agency to which you or a memb		NEE AND PROGRAM AND PROGRAM AND STANDARD OF THE PROGRAM OF THE PROGRAM OF THE PROGRAM OF THE PROGRAM OF THE PR		
\$1,000 during the reporting period. Indicate whether you or a	a family member sold the goods or s	ervices. If none, check the box.		
None				
Name of Agency		Name of Agency		
1.	3.	3.		
2.	4.			
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIA	TE FAMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind	of income of \$1,000 or more received of income represented. If your en	ed by your spouse or domestic partner or		
of \$1,000 or more, list his or her name and job title. List only	the job title of dependent children w	ho received income of \$1000 or more. Do		
not include gifts.	Type of Economic Activity			
Name of Spouse or Domestic Partner and Job Title	Representing Source of Incom Received	ne Kind of Income		
A				
Name: Pamela Willite Job Title: Trucker and Scorts (Consultant	1. High school Tember	1. Sulory 2. commission on sules		
Job Title: Track of and Scruter Consultant	2. Sales for Security	×		
timble and storid to the	3 .	3.		
Dependent Child(ren) - Job Titles Only				
^				
Job Title: Pesteraunt Worker	Hearly wasc	*		
Job Title: Assertant Worker Job Title: Maic Theather	Hearly wase			
7, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1+6411 600			
Joh Title				

List any for-profit or nonprofit corporation, firm, association, par held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	ire. Indicate whether	you or a family held	the position and w	ediate family hether the posi-
None			PROPERCECCION DE CONTRACTOR DE	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
			military assumed	A Constitution of the Cons
		and distribution of the state o	40000000000000000000000000000000000000	Organist Date Commenter of Comm
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				A STATE OF THE STA
	SIGNATURE			The state of the s
A Legislator who willfully fails to file a required statement i		of up to \$100 (1 N	ARSA 8 1017-	<u> </u>
The intentional filing of a false statement is a Class E crin			-	•
willfully filed a false statement, it shall refer its findings of t	fact to the Attorney	General. (1 M.R.	S.A. § 1019)	a Logiciator ric
		2-10	- 2011	
Signature			~ 20// pate	
				unsouth Lewisch runstan i de Statistics
ADDITIO	NAL INFORMATIO			
Please provide any additional information below (and on	additional sheets if	needed) Indicat	e the part or sect	ion number fo
the information you are providing. Use additional pages,	if necessary.	110000047. 11101000	o the part of ecot	
Part/Section Number				
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PART 10. OFFICER OR DIRECTOR POSITIONS