

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 18 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

Stephen J War	1	☑ House ☐ Senate
Mailing address		District
Po Box 927		75
City, zip code		Phone
SabaTTus Mc	04290	207-710-3723
PART 1. INCOM	ME DERIVED FROM EMPLOYMENT BY ANO	OTHER
List the name and address of each employer fro economic activity of each employer.	om whom you received compensation of \$1,000 of	or more. Specify the principal type of
☐ None		10-40-33-33-33-33-33-33-33-33-33-33-33-33-33
Name of Employer	Address	Principal Type of Economic Activity of Employer
	928 main ST	
LL Bean	Free Post Me	Retail store
		**************************************
		<u> </u>
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYMENT OR LAV	V PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major areas of econo firm, professional association, or similar business	mic activity or practice from which you entity, list the major areas of economic
None		A A uphilish to define an automaterate away \$979.379 (article 1992 (1980)) (1980) (1
Name and Address of Business Entity or Law	Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: JJS Gnide Service	hnating/fishing/	
Address: Po Box 927 Saka TIns Me 04280	Recrention -SOITS	Guiding
Name:	70	The state of the s
Address:		to account measures.

PART 2 (continued). INCOME DEI	RIVED FROM SELF-EMPLOYN	MENT CONTRACTOR OF THE PROPERTY OF THE PROPERT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. 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 designed.	nomic activity of the entity or per ablished code of professional ethic	son 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:	de contraction de la contracti	
Address:	77-Polon Commission	
Name:	rancer and any	
Address:	Account, and the second	
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 o	r honoraria. If none, check the
☐ None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: US MANY RETIREMENT		Betitement
Address:	na manana nyaéta és	
Name:		
Address:	2222	
Name:		
Address:	ы епинении певе	
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.		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	hoadelthá direchtá	
Name:		ned Selven Charles (Charles Charles Ch
Address:	паления	
PART 5. REPO	And the Martin Control of the State of the S	
List the specific source of gifts received during the reporting period wit	h an aggregate value of more than	\$300. If none, check the box.
Name of Source of Gift	N (2)	ourse of Cit
Name of Source of Gift  1.	3.	ource of Gift
2.	4.	

PART 6. RI	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	r speeches. If none, check the box.	
☑ None	ď	
Name of Source of Honoraria	Name of So	urce of Honoraria
1.	<b>3</b> .	
2.	4.	The Control of the Co
	TATION BEFORE STATE AGENCIE	
List each executive branch agency before which you repres- box.	ented or assisted others for compensation	n of any amount. If none, check the
None		
Name of Agency  1.	3.	e of Agency
2.	4.	Annah sementen 1900-1900 Annah Alla Maria Annah An A
	VESS 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	a family member sold the goods or service	s. If none, check the box.
☑ None		
Name of Agency	Name	of Agency
1.	3.	
2.	4.	
	ED BY MEMBERS OF IMMEDIATE F	
List the type of economic activity representing each source 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 not include gifts.	d of income represented. If your spouse of	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: JEAN Michals-Wood	1. AnThem 2.	1. Contract 2.
Job Title: consultant	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: Sales Rep	hourly	honely
Job Title:		The state of the s
Job Title:		

	). OFFICER OR DIRECT			
List any for-profit or nonprofit corporation, firm, asso held any office, trusteeship, directorship, or position tion was compensated. If a family member listed, in	of any nature. Indicate whe	ther you or a family h	neld the position and	nmediate family d whether the posi-
None None		white the was stated and the water and the water and the water and the stated and the water and the stated and	TIS ANNO CONTROL CONTR	00045686699990000000000000000000000000000000
Organization/Business and Address	Title	Position Hel	d Family Membe Name	er's Compen- sated?
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	SIGNATURE			
Legislator who willfully fails to file a required s	statement is subject to a f	ine of up to \$100.	(1 M.R.S.A. § 101	17-A)
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villfully filed a false statement, it shall refer its fi				at a Legisiator na
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illfully filed a false statement, it shall refer its fi	indings of fact to the Attor	ney General. (1 M	I.R.S.A. § 1019)	at a Legislator fla
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Signature Signature refer its fi	ADDITIONAL INFORMA	ney General. (1 M	I.R.S.A. § 1019) Date	
Signature Please provide any additional information below	ADDITIONAL INFORMA	ney General. (1 M	I.R.S.A. § 1019) Date	
Please provide any additional information belone information you are providing. Use addition	ADDITIONAL INFORMA	ney General. (1 M	I.R.S.A. § 1019) Date	
Ilfully filed a false statement, it shall refer its find the statement of	ADDITIONAL INFORMA	ney General. (1 M	I.R.S.A. § 1019) Date	
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