

FEB 1 8 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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Phone: 207-287-4179

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Maine Ethios Joananission 2010 STATEMENT OF SOURCE'S 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.

	LEGISLA	TOR INFO	RMATION				
Name RICHARD S. MA	4-4B)		o ili albana dengo balay	Office:	☐ Senat	te
Mailing address	undurumman anuquuquuqqay augggayagagagagagagaga	den a come a come en	a yana miliman meri kerili dirika kerili andiri di yana dirika kerili yana dirika kerili yana di kerili yana d		District	Martin (er elista er erenen dereneradagigge
City, zip code	<u> </u>	· · · · · · · · · · · · · · · · · · ·	К усіўнай ў наўнаў на учананні, наўна ў наўніў наўніў наўн	magical control contro	Phone	3146	eurorenderenderenderenderenderenderen
PART 1. INCOM	ME DERIVED	FROM EI	MPLOYMEI	NT BY ANG	THER		
List the name and address of each employer from economic activity of each employer.	om whom you	received c	ompensation	of \$1,000 c	or more. Specify	the principa	al type of
☐ None							
Name of Employer		Add	ress		Principal Type	of Economic Employer	Activity
Crocker House Country Inn	967 (Serut cek	RO Maria			Resta	SEANT
		. C	A Company	(*************************************			***************************************
			201 sekkakakakakakokokokokokokokakakakakakaka	militare les antimistres de chânteurs en chânteurs anno acum anno as acum anno as acum anno as acum anno as acum			en a relicion o rela simo en la marca de en canaga que
PART 2. INCOME DE	RIVED FROM	A SELF-EN	<i>I</i> PLOYMEI	NT OR LAV	/ PRACTICE		
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.							
None	(Indiabata) (Prisinta) Ф олболовой в доставления почения почения почения почения по	1			volkvallakkist eti kiristine kustuurila suosita suomitaa valtai kaika mara suuramana sa suuramana sa	managana a manafas Jananasan Lawa pada 1900 (1900) (1900) (1900)	00000000000000000000000000000000000000
		Maior Area	s of Econom	nic Activity/	Major Areas	of Economic w Practice	Activity/
Name and Address of Business Entity or Law	v Firm		w Practice (s		(partnership, as		or similar
Name:	And the second s				ABATAN III. 19 fair fair		
Address:		and the section of th	den eine Steine für den den den den eine		***************************************	nillett (vivi ettimillet vii desimillet in desimillet in desimillet in desimillet in desimillet in desimillet	oognamenen parkilan kanala
Name:	2000						
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 ecc 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 or	enomic activity of the entity or perablished code of professional ethi	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 second secon
Name: Address:		
PART 3. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	DURCES OF INCOME 2 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: Harcock Franklin Soret Address: 39 894 (n Franklin Name: RSU 24 Address: High St Ellewood	· 04634	Real estate investut
Name: RSU 24 Address: High St Ellsworth	M S	School Goard
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 liable regulated financial institutions. If none, check the box.	ore that you received during the	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: Address:		
Name:		
Address:	The state of the s	
	RTABLE 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 S	Source of Gift
1.	3.	The state of the s
2.	4.	

PART 6. RE	PORT.	ABLE HONORARIA			
List the source of any honoraria accepted for appearances or	speech	es. If none, check the box.			
None Scarce of Headeric		N			
Name of Source of Honoraria 1.		3.	urce of Honoraria		
		3.			
2.	***************************************	4.			
		AAAAA Nagagagagagagagagagagagagagagagagagagag			
PART 7. REPRESENT	TATION	I BEFORE STATE AGENCIES			
List each executive branch agency before which you represe	ented or	assisted others for compensation	of any amount. If none, check the		
box.	•••				
None					
Name of Agency		Name 3.	of Agency		
1.		3.			
2.	indenime nd de la material en en estado en e	4.			
	·				
PART 8. BUSIN	ESS W	ITH STATE AGENCIES			
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you are	er of you	ur immediate family sold goods o	r services with a value in excess of		
\$1,000 during the reporting period. Indicate whether you or a None	ramily n	nember sold the goods or services	s. II none, cneck the box.		
Name of Agency		Name	of Agency		
1.		3.			

2.		4.			
		MEMBERS OF IMMEDIATE FA	adilakan sa salah sa		
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 not include gifts.	of inco	me represented. If your spouse of	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income	Kind of Income		
		Received			
Name: Elizabeth Walaky Job Title: Baker	1.	employee-	1. W-Z		
Job Title: 6 1/0 C	2.		2.		
100 logo	3.		3.		
Dependent Child(ren) - Job Titles Only					
Job Title:	and the state of t				
Job Title:					
Joh Title		(*************************************	A STATE OF THE PARTY OF THE PAR		

STREET CONTROL OF THE	CER OR DIRECTOR		Stopper usery sites a distribute properties of review of the transfer of the south of the contraction of the	
List any for-profit or nonprofit corporation, firm, association, p held any office, trusteeship, directorship, or position of any na- tion was compensated. If a family member listed, indicate yo	ature. Indicate whethe	r you or a family held	the position and wh	diate family nether the posi-
☐ None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
croclear House lan 967 Point RD	Pres	Q.Q.S		Y
967 Part Ro				***************************************
		rije Arnije commense en Arnije com		
	SIGNATURE			
A Legislator who willfully fails to file a required statemer	nt is subject to a fine	of up to \$100. (1 N	Л.R.S.A. § 1017-А	\)
The intentional filing of a false statement is a Class E c willfully filed a false statement, it shall refer its findings of	rime. If the Commis of fact to the Attorney	sion concludes that y General. (1 M.R.S	t it appears that a S.A. § 1019)	Legislator ha
Tel D& Maloly		7		
Signature		D	ate	
ADDIT	IONAL INFORMATION	ON The state of th		
Please provide any additional information below (and of the information you are providing. Use additional page	on additional sheets s, if necessary.	if needed). Indicate	e the part or secti	on number for
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