

## RECEIVED

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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 COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. 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			Office:				
PICHARD BLAN Mailing address  3 LELETH STREET	chan		Ĭ House	☐ Senate			
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City, zip code		And the second s	Phone				
OLD TOWN MA	INE	04468	904-894	<u>-4525</u>			
PART 1. INCOME	EDERIVED	FROM EMPLOYMENT BY ANOT	THER				
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.							
Name of Employer		Address		/pe of Economic of Employer			
The state of the s							
NONE							
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PART 2. INCO	OME DERI	VED FROM SELF-EMPLOYMENT	<b>T</b> ELEGISTON				
		who are self-employed.)					
<ul> <li>A. List the name and address of your business, if associated with a partnership, firm, professional a entity.</li> </ul>	any, and list essociation, c	t the major areas of economic activity or similar business entity, list the majo	from which you or areas of econd	derived income. If omic activity of that			
Name and Address of Business Entity		Major Areas of Economic Activity (self)	ρ (partnership, a	as of Economic activity association or similar dess entity)			
Name:	arana a Cantura a sa arang uni ya sa	Paradia Paradia (Paradia) (Paradia) dan sarah dari dan menungkan paradia sarah pada sarah pada sarah s	erigimetek ezemente mandeteketikakakanak ipanbatan, a, p., p., p., p., p., p., p., p., p., p.	meetines to taleente midde problemeend Spening genoembeure eitimees to steering been been			
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Name:	Shall differential when						
Address:	Programma de la companya della companya della companya de la companya de la companya della compa						
<u> </u>			** Or Control				

PART 2 (continued). INCOME DERIVED F	ROM SELF-EMPLOY	MENT
(For Legislators who are self-er B. List each source of income derived from self-employment that represents m	mployed.)	
greater, and specify the principal type of economic activity of the entity or pe disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	erson from whom you de	lerived such income. If this form of cipal type of economic activity of the
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	ages over the factor of the fa	
Name: Address:		A CONTRACTOR CONTRACTOR AND
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	at-law only.)	
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your firm Major Areas of Prac	
Name and Address of Firm	(self)	(firm)
Name:	TV-minamasing(pt)	
Address:		
Name:		
Address:	Andreas	1. L.
	The state of the s	
PART 4. OTHER SOURCES (		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gif	Its. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	entrantina proprio pro	under vertreiten der vertreiten der
Address:	m kunoo ka	
Name:		
Address:	-comment records	
	AAAAAA	
PART 5. REPORTABLE LIA	ABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan	ou received during the rais from a relative. If non	reporting period, and list the major le check the box.
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	-t-transmission	
Address:	asovembassas	
Name:		398 03 ССКО 999 ми <sup>не до ст</sup> уби <mark>ни в 174 годи (1984)</mark> по постои по до состои в 200 годи
Address:	4.000000	

	5. REPORTABLE G		
List the specific source of each gift of more than \$300. Incone, check the box.	lude gifts with an agg	regate value of more	than \$300 from a single source. If
None	IN E	enderholosistation are est processo group opposition processo from the contract of the contrac	ent destruit destruit destruit en sit des ses sons destruit en sons destruit en des destruit en destruit en destruit en destruit en destruit en des destruit en destruit en destruit en destruit en destruit en des destruit en destruit en des
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PART 7. R	EPORTABLE HON	ORARIA	
List the source of any honoraria accepted for appearances or	r speeches related to	your legislative respon	sibilities. If none, check the box.
None Name of Source of Honoraria	$digital_{\mathbf{q}^{\prime}}(\mathbf{q}_{q$	Name of Sou	rce of Honoraria
1. UNNE	3.	174000	CE U(1 U)U)qiiq
		Billion (Anthrick Schröde) Anna (Anthrick Schröde)	
NADIO DEDDECEN			
List each executive branch agency before which you repressor.			of any amount. If none, check the
None	water y new more of your more of an and of the state of t	манордогрупперанда на нестрадоров и на принада ставителна на принада на прина	STATE CONTROL
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2.	4.	(1996-1994-1994)	Service de Constant de la constant d
and the state of t	NESS WITH STATE	and the property of the second	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate	family sold goods or	services with a value in excess of
□ None	ALAP (APPER) [APPER] APPENDANCE APPENDE APPENDE APPENDANCE APPENDA	vytol/en/thjellidisterremantelementel	$\label{thm:proposition} A = 2 \left( \frac{1}{2} \left$
Name of Agency		Indicated definition of the money to the consequence of the consequenc	f Agency
1. DUE	3.	M Michigae Valantiik ka kazilonen da kiin isisississississa on opaajiya ja poiya ja pohjaja ya Kanja Kissa i	
2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS	OF IMMEDIATE FA	MILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represente	r more received by yo ed. If your spouse or	our spouse or domestic partner or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic A Representing Sour Income Receive	ce of Relationship	Kind of Income
Name:	1.	Spouse or	1.
Job Title:	2. 3. VON	Domestic Partner	2. 3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	
activity and the kind of income.		Dependent Child	

None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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				40440
	SIGNATURE			
egislator who willfully fails to file a required state			<del>-</del>	-
e intentional filing of a false statement is a Class Ifully filed a false statement, it shall refer its finding	gs of fact to the Attorn	ission concludes they General. (1 M.F	at it appears that a I.S.A. § 1019)	a Legislator na:
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Signature		Date		
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PART 11. OFFICER OR DIRECTOR POSITIONS