Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775



## 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:	
JAMES M. SCHATZ		<b>Z</b> House	☐ Senate
Mailing address	- ABTERNAMINA BERTILLE-ALT POLIT FERMANDA AND AND AND AND AND AND AND AND AND	District	1800001-0000-0000 1 (PRE 1000-20-1-0700/PRESSE - PRESSE / SERVE AND
P.O. BOX 437		31	
City, zip code		• Phone	erane promisenmennomissanos is es/pu <sub>mo (kije</sub> nige).
BLUE HILL 0461	14	266-9	789
Literatura			
PART 1. INCOME DERIV	ZED FROM EMPLOYMENT BY	ANOTHER	
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,00	00 or more. Specify the	e principal type of
Name of Employer	Address		e of Economic f Employer
STATE OF MAINE	AUGUSTA	STATE GOU'	A CONTRACTOR OF THE PROPERTY O
TOWN OF BUEF HILL	BOX412 BCUE HICL	- Taler 60	UT-
BOUR ALL FARM ORATRY TAK	) BOX 437 BUES H	u - Feriess	u/ Exh
The second secon	nak minak mana 1. Tamu din 1994, kadaman untuk mana mana 1. Politik m. Mada dabaman ibar m. 1. 1. Politik	na minimum i a dismomi si ikki ki kalendeke oleh oleh oleh oleh oleh oleh oleh ole	randor to the Control of States of S

## PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name and Address of Business Entity

Major Areas of Economic Activity

Major Areas of Economic Activity (partnership, association or similar business entity)

Name: BLUB HILL FARM COLENTRY IN Address: BOX437 BLUE HILL, MB 04614

SELP

Name:

Address:

	ICOME DERIVED FROM SELF-EMPLOYMENT Legislators who are self-employed.)	
B. List each source of income derived from self-employ greater, and specify the principal type of economic actidisclosure is prohibited by law, rule, or an established coentity or person from whom the income was derived.	ment that represents more than 10% of your gross inconvity of the entity or person from whom you derived so ode of professional ethics, specify only the principal type	uch income. If this form of e of economic activity of the
Name and Address	of Source Activit	ncipal Type of Economic y of Entity or Person Who is e Source of the Income
in reconsidere and will be a second or the second of the s	UI swamawa na	e Source of the moonie
Name:		
Address:	/ ♠	
Name:	The first VIII and the second section of the section of the second section of the section of the second section of the second section of the section of the second section of the section	ia il 1900 il 1919 stration materiale a il 1900 mandres di montrare suoi provincia i particolori di contrare di
Address:		
(For Legi	MAJOR AREAS OF PRACTICE slators who are attorneys at-law only.)	
List your major areas of practice. If associated with a law	v firm, list the major areas of practice of your firm.  Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name:		
Address:	A	
Name:		
Address:		
	4	
PART 4.	OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in	n Parts 1, 2, or 3 of this form. Do not include gifts. If no	ne, check the box.
None	Principles (Miller Amerikan) (Amerikan) (Ame	omentemente suntante insumeroniamentales autoritariamente en entre especial de la come comerciamente.
Name and Address o	f Source (in	Kind of Income vestments, leases, etc.)
Name:		
Address:	A	i da alba a a a a garanna a a a a a a a a a a a a a a a a a
Name:		
Address:		·
PART 5.	. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of sareas of economic activity of each creditor. Do not list cre		
None		
Name and Address of	Creditor	cipal Type of Economic Activity of Creditor
Name:		
Address:		
·		
Name:		
Address:		

PART 6	REPORTABLE GIFTS
none, check the box.	clude gifts with an aggregate value of more than \$300 from a single source.
None	and the first of the state of t
Name of Source of Gift	Name of Source of Gift
1.	3.
	and the second control of the second control
2.	4.
PART 7. R	EPORTABLE HONORARIA
List the source of any honoraria accepted for appearances o	r speeches related to your legislative responsibilities. If none, check the box.
None .	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
THE STATE OF THE S	
2	4.
	The state of the s
The second of th	TATION BEFORE STATE AGENCIES
box.	ented or assisted others for compensation of any amount. If none, check the
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
STATE OF THE PART	VESS WITH STATE AGENCIES
·西波(17),1997年1月10日 1月15日 1月25日 1886日 1897年1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日	per of your immediate family sold goods or services with a value in excess of
\$1,000 during the reporting period. If none, check the box.	per or your immediate family solid goods or services with a value in excess or
None	
Name of Agency	Name of Agency
1.	n menten elemente en etropis entre manuelando de destre e se esta complexión por elemento de la complexión de la ladición de ladición de la ladición de ladición de ladición de ladición de ladición de la ladición de la ladición de ladició
en senten in interestant (18 contramental entender en 18 et 18	
2.	4.
PART 10. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income of \$1,000 or more received by your spouse or domestic partner or d of income represented. If your spouse or domestic partner received \$1,000 include gifts.
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Income
Man Colland	Income Received
Name: MARCIA SCHATZ  Job Title: SCHOOL LIBRARYAN	1. TEACHER Spouse of 1. EMPLOTHBUT
Job Title: SCHOOL LIBRARY XV	2. Domestic 2. Partner
- State of the sta	3. 3.
•	Dependent Child
If dependent child(ren) receive more than \$1,000 of income	Dependent
for the reporting period, list only the type of economic activity and the kind of income.	Child
	Dependent Child

List any for-profit or nonprofit corporation, firm, association, par any office, trusteeship, directorship, or position of any nature. I was compensated. If a family member listed, indicate your rela	Indicate whether you	or a family held the p	position and whether	iate family helds the position
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		1		***
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-:				
	SIGNATURE		474 1 1147 12 13. 16. 16. 2 16	ing and second second
A Legislator who willfully fails to file a required statement	is subject to a fine	of up to \$100. (1 N	И.R.S.A. § 1017-A)	
The intentional filing of a false statement is a Class E crin				
willfully filed a false statement, it shall refer its findings of	tact to the Attorney	2/18	//O	:
Signature		Ď	ate	
ADDITIO	NAL INFORMATIO			
Please provide any additional information below (and on the information you are providing.	additional sheets it	f needed). Indicat	e the part or sectio	n number for
Part/Section	non kouroveren len um rete en let vernen en eren et en	anners an el 3 semestrematriane an Sergera	and the state of the second state of the sta	a provinte e vinceriorio i i i i i i i i i i i i i i i i i
Númber ************************************			and the second s	1 6
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PART 11. OFFICER OR DIRECTOR POSITIONS