

Name



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

Office:

Website: www.maine.gov/ethics

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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 <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> 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

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Mailing address		District
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City, zip code	htean fathalticum communication in paragram and an annument and paragraphic company (a company) and a company (a company)	Phone
Turner, Me 04282		
131.333 / /// 0 / / / / / / / / / / / / / /		
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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msad #52 T	urner, Me 0428>	Educaction
MAINE State Retirement Aug	usta State of Me	Retired Tencher
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PART 2 INCOME DE	RIVED FROM SELF-EMPLOYMEN	
	ors who are self-employed.)	
A. List the name and address of your business, if any, and associated with a partnership, firm, professional association entity.	list the major areas of economic activity, or similar business entity, list the major	from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Schools in Central Me. Address:	BACKET BALL Officia	
Name:		
Address:	or the second se	
707-207-201-1		

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e		MENT
B. List each source of income derived from self-employment that represents n greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	nore than 10% of your greerson from whom you do	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:	nter et die la de energie en y engles (1) 2004 facts de 19 de special de la description de la grand de la dece La companyation de la companyation	n des proposition for the first to the design and the state of the sta
PART 3. MAJOR AREAS OF (For Legislators who are attorneys		
List your major areas of practice. If associated with a law firm, list the major are	CONTRACTOR ACTOR DESIGNATION AND ACTOR ACTOR AND ACTOR AND ACTOR ACTOR AND ACTOR ACTOR ACTOR AND ACTOR A	n .
Name and Address of Firm	Major Areas of Prac (self)	ctice Major Areas of Practice (firm)
Name: Address:	The state of the s	
Name: Address:		
PART 4. OTHER SOURCES		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this	form. Do not include gif	ts. If none, check the box.
None	adhalliy barilan da yanan an ili yanan kali ili sana kali kali kali ili sana kali kali kali kali kali kali kali	
Name and Address of Source	and a firm one or the sign of	Kind of Income (investments, leases, etc.)
Name: Address:	Hills have been been been been been been been be	
ментерия в принципания в вородинации в верхи в принципания в пользования в принципания в пользования в поль	The state of the s	то и «Ж.М.М.М. почение выполнение чести и постоя на выполнение почение почени
Name: Address:	d Alai diammanya ayan ya	
PART 5. REPORTABLE LI		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yeareas of economic activity of each creditor. Do not list credit card liability or loan	ou received during the rans from a relative. If none	reporting period, and list the major e, check the box.
None		allinear dan sepangan sebagai sebagai pengangan pengangan kecamatan kecamatan kecamatan kecamatan pengangan penganga
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	MRHAMALAT was via	
Address:	1 Consendantitit/	
Name:		м ическо льного чествення в поставлення на при
Address:	A TLASA Avvonge	

PART 6	. REPORTABLE GIFTS	san Baragan Sapar Sapar da aporto de la superior de	
List the specific source of each gift of more than \$300. Incl. none, check the box.	lude gifts with an aggregate v	value of more than \$3	00 from a single source. If
			North Start of American Conference (Conference of Association Conference on North Conference on Conf
Name of Source of Gift 1.		Name of Source of	f Gift
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PART 7. RI	EPORTABLE HONORARI	ia	
List the source of any honoraria accepted for appearances or	r speeches related to your leg	islative responsibilities	. If none, check the box.
Name of Source of Honoragia			
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	3.	ANNON PALAMINAN PARAMANINA AMBANAN MARAMANINA KALAMINI KALAMINI KALAMINI KALAMINI KALAMINI KALAMINI KALAMINI K	NT CHIEF (CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
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PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.			imount. If none, check the
None	NEPO state eta bilatzaria da barrerra escretaria	engantumanan-termahan sistel 1 dalah 11 11 14 dalah behada 12 13 14 14 dalah 14 14 14 14 14 14 14 14 14 14 14	hartendark Elvenson (index et a. e. em. copperative confectivo harman kanada ana agraega a people confectivo de
Name of Agency		Name of Agenc	
1.	3.		
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PART 9. BUSIN	NESS WITH STATE AGEN	ICIES	
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 s	sold goods or services	s with a value in excess of
☐ None		Print Print Carlo Ca	тимирин семенун сементин байтын катана кашанда кашанда кашанда кашанда кашанда кашанда кашанда кашанда кашанда
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PART 10. INCOME RECEIVE		Objects to the extension	
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 income,	d of income represented. If ye	received by your spor rour spouse or dornest	use or domestic partner or ic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	Spouse or	-
Job Title:	2. 3.	Domestic 2. Partner 3.	
	J.	ა. Dependent	
If dependent child(ren) receive more than \$1,000 of income		Child	
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
		Dependent Child	

	The same of the sa		ationship and the name	e or the family memi	Der.	
None		s ang ang ant do the signification of the signification of the significant content of the significant	ામાં આવ્યા માત્ર	n t t t t t t t t t t t t t t t t t t t	····· - દાન્યાલાન અન્ય ભાગવાના કાર્યકારિક ભાગ ભાગ ભાગ ભાગ ભાગ કર્યા છે. આ પ્રાથમિક ભાગ સ્થાન કર્યા છે. આ પ્રાથ	······································
	Organization/Business and Address	3	Title	Position Held By:	Family Member's Name	Compen- sated?
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PART 11. OFFICER OR DIRECTOR POSITIONS