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MAINE ETHICS COMMISSION

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
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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 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 LISA MARRACHE	Office: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address 109 SILVER ST	District 25
City, zip code WATERVILLE, ME 04901	Phone 207-861-0154

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER		
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	Principal Type of Economic Activity of Employer
STATE OF MAINE	AUGUSTA, ME 04333	STATE SENATE LEGISLATIVE ACTIVITIES

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 (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: ECM CITY MEDICAL Address: 109 SILVER ST, WTNL, ME 04901	MEDICAL CARE	MEDICAL CARE
Name:		
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

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:

PART 3. MAJOR AREAS OF PRACTICE

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm

Major Areas of Practice (self)

Major Areas of Practice (firm)

Name:

Address:

Name:

Address:

PART 4. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.

None

Name and Address of Source

Kind of Income (investments, leases, etc.)

Name:

Address:

Name:

Address:

PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.

None

Name and Address of Creditor

Principal Type of Economic Activity of Creditor

Name:

Address:

Name:

Address:

PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 7. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your legislative responsibilities. If none, check the box.

None

Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 9. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member 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.

None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: RONNIE MARRACHE	1. MEDICAL CARE	Spouse or Domestic Partner	1. EMPLOYMENT
Job Title: PHYSICIAN	2.	Partner	2.
	3.		3.
	SECRETARIAL	Dependent Child	EMPLOYMENT
	LANDSCAPE	Dependent Child	EMPLOYMENT
		Dependent Child	

If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.

PART 11. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
FRANCO AMERICAN HERITAGE SOCIETY WATERVILLE, ME 04901	VICE PRESIDENT	SELF		NO
TEAGUE CENTER, FAIRFIELD, ME 04937	BOD	SELF		NO
MAINE GENERAL 149 NORTH ST, WAX, 04901	CHEIF, MEDICINE	SPOUSE	RONNIE	YES
TEAGUE CENTER, FAIRFIELD, ME 04937	PRESIDENT	FATHER	PAUL	NO

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

X *Paul Manacki*
Signature

2/10/2010
Date

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section Number

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