



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

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Website: www.maine.gov/ethics

Website: www.maine.gov/etnics Phone: 207-287-4179 Fax: 207-287-6775

## APPOINTED EXECUTIVE EMPLOYEES Commission 2010 INITIAL STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than five (5) days prior to the public hearing</u> on your nomination held by the joint standing committee. 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. *Please keep a copy of this form for your records*.

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NAME AND CONTACT INFORMATION									
Name			Title						
Stephen Sowen		(DMM-	your of Edichita						
Department/Agency/Bureau/Division	рострости напочным эне энема	1999-1999-1999-1999-1999-1999-1999-199	Work Phon	ne					
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Mailing Address, City, ZIP	editionalises de la provincia de propincia de la provincia del la provincia de la provincia della de	Winds MCCOSSET-Appended to determine and Extraordy SQC System Constitution and the second sec	neder von die einer Gebeurgsberichte Schreiber der Vertreiber der der der der der der der der der d	нам в на движний в 18 год (по стравання в настройний в н					
117 Cross St. Proclepart, ME 04856									
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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.									
□ None									
Name of Employer	***	Address		Principal Type of Economic Activity of Employer					
Main Heritage Poly Cerlar		box 7629 Hund, NE	04117	Rolley Munderst					
PART 2. INCOME DER	IVED FRO	M SELF-EMPLOY	MENT OR LAV	V PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.									
None	Indiana de la constanta de la		COMPANIENCE - CONTRACTOR AND						
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Practice (self)		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)					
Name:	Ţ.,			:					
Address:	: :								
Medical select April process process of the Control	***************************************		WHAT MEDITE AT ANY ANY ANY AND ANY						
Name:									
Address:	!								

PART 2 (continued). INCOME DERIVED FROM SEL	F-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represents whichever is greater, and specify the principal type of economic activity of the entity or perform of disclosure is prohibited by law, rule, or an established code of professional et activity of the entity or person from whom the income was derived.	erson from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	A Section 1
Name:	
Address:	
PART 3. OTHER SOURCES OF INCO	ME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do no	t include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	ramani (araban 1982-1994) (1984-19
Address:	4
Name:	
Address:	
Name: Address:	
PART 4. REPORTABLE LIABILITIE	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you receiv areas of economic activity of each creditor. Do not list credit card liabilities, or educati made as campaign contributions, or business loans from regulated financial institutions.	onal loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
DADT & DEDODTABLE CIETO	
PART 5. REPORTABLE GIFTS  List the specific source of gifts received during the reporting period with an aggregate value.	ue of more than \$300. If none, check the box.
Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	

	EPORTABLE HONORARIA				
List the source of any honoraria accepted for appearances of	r speeches related to your official capacity	or duties. If none, check the box.			
None					
Name of Source of Honoraria	Name of So	rurce of Honoraria			
1.	3.	3.			
	1 - T- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
2.	4.				
PART 7. REPRESEN	TATION BEFORE STATE AGENCIE	Ś			
List each executive branch agency before which you or compensation of any amount other than your official salary none, check the box.	r a member of your immediate family r. Indicate whether you or a family mem	represented or assisted others for ber appeared before the agency. If			
None					
Name of Agency	Name	e of Agency			
1.	3.				
	4.				
2.	4.				
PART 8. BUSII	NESS WITH STATE AGENCIES				
List each executive branch agency to which you or a memi	per of your immediate family sold goods	or services with a value in excess of			
\$1,000 during the reporting period. Indicate whether you or	a family member sold the goods or service	es. If none, check the box.			
None					
Name of Agency	Name Name	e of Agency			
1.	3.				
2.	4.				
<del></del>					
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	AMILY			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List or Do not include gifts.	d of income represented. If your spouse nly the job title of dependent children who	or domestic partner received \$1,000			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income			
	1 Education				
Name: Heather Sower	1.	1. Salary			
Name: Heather Sower	2.	2.			
(eacher	3.	3.			
Department (hild/ren) Joh Titles Only	and the state of t	gani, gana aana maran kahalaka mili sendi sejandunan ja sepanan nagaban sidah 25 ab 3-46-46 ab 25 ab 25 ab 26 as amusi musi musi musi musi musi musi musi			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
l .lob Title:					

held any office,	fit or nonprofit corporation, firm, ass , trusteeship, directorship, or position ensated. If a family member listed, i	n of any nature. Indic	ate whether	r you or a family held	the position and wh	ether the posi-
None						
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
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3 (		SIGNAT	URE			
affirm that the	e contents of this report are true,	, complete and acc	urate to the	e best of my knowl	edge.	
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	ASSO			7	15/11	
	Signature			\ I	Date	
	L	Insworn falsification is	s a Class D	crime.		
	Harris Anna Anna Anna Anna Anna Anna Anna Ann	ADDITIONAL IN	FORMATIC	ON		
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PART 10. OFFICER OR DIRECTOR POSITIONS