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Office: 45 Memorial Circle, Augusta, Maine Website: www.maine.gov/ethics' Phone: 207-287-4179 Fax: 207-287-6775

## Maine Ethics Commission **EXECUTIVE EMPLOYEES** 2010 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 Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. 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.		
NAME AND	D CONTACT INFORMATION	Activo Commissioner
Name Laura L. Boyett	Title	Bureau Director (Public Service Executive II)
Department/Agency/Bureau/Division	Mor	k Phone (207) 621-5156
Department of Labor, Bureau of Unemployment Comp	pensation	(201) 021-0100
Mailing Address, City, ZIP 47A State House Station, Aug	justa, ME 04332	and well-dependent of the following a superior of the field of the following for the field of the following the field of the following following the field of the following foll
PART 1. INCOME DERIV	VED FROM EMPLOYMENT BY	ANOTHER
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1	,000 or more. Specify the principal type of
None	260-04-01-05-05-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Name of Employer	Address	Principal Type of Economic Activity of Employer
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	TO ACTIVITY OF THE STATE OF THE	
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PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMENT OF	LAW PRACTICE
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major areas of essional association, or similar busing	economic activity or practice from which you iness entity, list the major areas of economic
None	Analysis of reprintment, was transformer a reprintment that it is to every the contract of the	*** The state of t
Name and Address of Business Entity or Law Firm	Major Areas of Economic Acti Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Amenter-mediateriorialenteleme	งกรุงการเพลงที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารทางการที่สารที่สารที่สารที่สารที่สารที่สารที เกิดสารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารที่สารท	an definition of the state of t
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Name:		
Address:		

PART 2 (continued). INCOME [	DERIVED FROM SELF-EMPLOYMENT			
B. List each source of income derived from self-employment or practice 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:	allealuri ka liin Tiiminesha tii ha ka ka ta Aramai (ilan aykan 19 ka 19			
Address:				
	SOURCES OF INCOME			
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 obox.	or 2 of this form. Do not include gifts or honoraria. If none, check the			
None				
Name and Address of Source	Kind of Income (investments, leases, etc.)			
Name:	anne anne anne anne anne anne anne anne			
Address:	i : :			
Name:				
Address:				
Name:				
Address:	i			
PART 4. REPO	RTABLE LIABILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit can made as campaign contributions, or business loans from regulated	r more that you received during the reporting period, and list the major rd liabilities, or educational loans, loans from a relative, loans that were I financial institutions. If none, check the box.			
None	14 - 14 TH - 15 TH - 1			
Name and Address of Creditor	Principal Type of Economic Activity of Creditor			
Name:	disambining metakan kelalah ke			
Address:				
Name:				
Address:				
PART 5. REF	PORTABLE GIFTS			
List the specific source of gifts received during the reporting period	with an aggregate value of more than \$300. If none, check the box.			
мененовом технично-инститителенного положения положения и положен	is we can traver while retrieval and a second and a sec			
Name of Source of Gift	Name of Source of Gift			
1.	3.			
2.	**************************************			

PART 6. R	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances o	r speeches related to your official capac	city or duties. If none, check the box.
None		
Name of Source of Honoraria	Name of	Source of Honoraria
1.	3.	
$1500h^{3}h^{3}h^{3}h^{3}h^{3}h^{3}h^{3}h^{3}$	мончтом поменення можем (1°); гле стратим постерен не вызатильных может стратовать может поменення выполнения по	
2.	4.	
	:	
PART 7. REPRESEN	TATION BEFORE STATE AGENC	IES
List each executive branch agency before which you o compensation of any amount other than your official salary none, check the box.		
None		ок Сипона не принципання на нем нем нем нем нем при общений по нем
Name of Agency	Ņa	me of Agency
1.	. <b>3</b> .	
2.	+ 4.	anders and the second
<u>。 1985年 - 1985年</u>	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a		
<b>√</b> None		
Name of Agency	Na	me of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE	FAMILY
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 spous lly the job title of dependent children w	se 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
Nemer	<b>1</b> .	1.
Name:	2.	2.
Job Tit <del>le</del> :	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
.loh Title	· · · · · · · · · · · · · · · · · · ·	

	PART 10. C	FFICER OR DIRECTO	R POSITIONS		
held any office,	fit or nonprofit corporation, firm, associat trusteeship, directorship, or position of a ensated. If a family member listed, indica	any nature. Indicate wheth	ier you or a family hel	d the position and who	liate family ether the posi
✓ None	1.25.41 30.25.201 (20.05.26.20 4.05.25.21 2.27 (20.05.21 10.05.25 (20.05.25 (20.05.25 (20.05.25 (20.05.25 (20.05 (20.05.25 (20.0	A Million of The Control of the Control of Control of Control of the Control of Control	OHEACHAN NICHOLOGO NICHOLOGO NA CHAIR CANNAIGH NA CHAIR CON CANNAIGH NA CHAIR	CONTROL CONTRO	nere for the mediane land. On the individues and only mention entered y
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