

RECEIVED

APR - 8 2010

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

Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

MAINEETHICS COMMISSION

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Maine Ethics Commission by 5:00 p.m. on April 16, 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.

EMPLOYEE INFORMATION

Name James E. Beougher	Title			
		Director		
Department/Agency/Bureau/Division		Work Phone		
DHAS OCFS	60	14-7981		
Mailing Address, City, ZIP	7 72 70			
#11 SHS Qugusta ME 043	503			
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY ANG	OTHER		
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 of	or more. Specify the principal type of		
None	Ll (Ll. Ll. Ll. Ll. Ll. Ll. Ll. Ll. Ll. Ll.	ertrederik (1994) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (199		
Name of Employer	Address	Principal Type of Economic Activity		
		of Employer		
		TO ALICE STATE OF STATE OF STATE AND AN ANALYSIS AND ANAL		
		:		
	\$\$\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{			
:				
PART 2. INCOME DERIVED FR	ROM SELF-EMPLOYMENT OR LAV	VPRACTICE		
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profesactivity or practice of that entity.	if any, and list the major areas of econo ssional association, or similar business	mic activity or practice from which you entity, list the major areas of economic		
None		(A T T T A LA L		
		Major Areas of Economic Activity/		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Practice (partnership, association, firm or similar business entity)		
Name: James E. Blougher	Participation in	Paticipation in .		
	- i	associations, boards and		
Address: 83 Middle St. Hallowell ME	and work groups	workgroups and presentate		
Name:				
Address:				
rigalicas.				

PART 2 (continued). INCOME DERIVED FF	ROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that r whichever is greater, and specify the principal type of economic activity of the e form of disclosure is prohibited by law, rule, or an established code of profesactivity of the entity or person from whom the income was derived.	ntity or person 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: Cinnie E. Casey Foundation Address: 701 Saint Paul St. Baltimore Mi	D21202 Foundation supporting Child welfare.
Name: Address:	
PART 3. OTHER SOURCES (OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this for box.	m. Do not include gifts or honoraria. If none, check the
None	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name: Address:	
Name:	
Address:	
Name: Address:	
PART 4. REPORTABLE LIA	ABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that ye areas of economic activity of each creditor. Do not list credit card liabilities, o made as campaign contributions, or business loans from regulated financial insti	r educational loans, loans from a relative, loans that were
Wame and Address of Creditor	Principal Type of Economic
Name and Address of Cicator	Activity of Creditor
Name: Address:	·
Name:	
Address:	
PART 5. REPORTABLE	GIFTS
List the specific source of gifts received during the reporting period with an aggre	egate value of more than \$300. If none, check the box.
Vone	
Name of Source of Gift 1. 3.	Name of Source of Gift
2. 4.	

PART 6. /	REPORTABLE HO	ONODADIA	
List the source of any honoraria accepted for appearances of			uties If none, check the box.
None		A MILLIAND A AND A CONTROL OF STATE OF	ATTENDED TO THE PROPERTY OF T
Name of Source of Honoraria		Name of Source o	of Honoraria
1.	3.	#BBbbBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	and the bound of the engine provides on the state of the
2.	4.	man helde voor de minimum gemeele geweels produkt de de verweels voor meele verweels geweels van de verbeels de	$m_{\mathcal{F}} = m_{\mathcal{F}} + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + (1) + $
PART 7: REPRESEI	NTATION BEFOR	E STATE AGENCIES	
List each executive branch agency before which you compensation of any amount other than your official salar none, wheck the box.	or a member of your ry. Indicate whethe	our immediate family repres r you or a family member a	sented or assisted others for ppeared before the agency. If
None] Ph. NASATTA (A. S.	anahari anahari yaki ilifangishi kalanda da da anahari Asabaki kalanda da anahari kalanda da anahari kalanda d	emonumente esperar de manuscripto de descripto de del Securito de la monumente en esperar por mente en esperar
Name of Agency		Name of Ag	gency
1.	3.		And Part of the Control of the Contr
	4.	ACAMATICA CONTRACTOR AND	
PART 8. BUSI	INESS WITH STAT	TE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	aber of your immedia a family member so	ate family sold goods or services. If r	vices with a value in excess of none, check the box.
None			
Name of Agency		Name of Ag	gency
	3.		
2.	4.		
PART 9. INCOME RECEIV	Tradpillisigggered teet a eksteledeleje		
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 only not include gifts.	nd of income represe	ented. If your spouse or don	mestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Representing	conomic Activity g Source of Income eceived	Kind of Income
	том на настрания на постоя на На постоя на постоя н	ANARONI MORA MORA MORA MARANA MAR	Named and the property of the second
Name:	1.	: 1.	
Job Title:	; 2. : 3.	2. 3	
	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:		entre en	
Job Title:			
Job Title:			

.

	PART 10. OFF	ICER OR DIRECTOR I	POSITIONS		(* °
held any office,	it or nonprofit corporation, firm, association, trusteeship, directorship, or position of any insated. If a family member listed, indicate y	partnership or business in nature. Indicate whether	n which you or a m you or a family held	d the position and whe	
None None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
	CONTROL ACCUSED AND ACCUSED AS A CONTROL OF THE ACCUSED AS	rand, rdavit in practice announcement stepped by the 1940 out 1940 out 1940 out 1945 out 1940 out 1840 out 1840	lad y . Harriera estrapare emperataren en en esta en	Naine Umperium meneral	ome comment receives the section of
				recovering the last	-
t.				A Black Comment	
				erite med de le	
Connect Control Contro	the state of the s	reses probably held lare schadus had a had a bestaure same a had a anasana and a secular schadus held and had	innan ananees tenueur teens is een uitsetsikarsteereen	est party amount of south fifty.	
		700000000000000000000000000000000000000		e adecemento	
		Service and the service and th		edjimen en ed	
				Andres and Angeles	
*		ander terrene and North armone and North armone Anna and a manufacture and a community of the community of the		engan jakan da seletan kanan kanan seletan jakan jaran j	et-territation et alle en alle
		2000		NA CARALLA	
		24 CC 64 1/2 mg 32 1/2 mg		III. 4 (1). 200 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4 (1). 4	
		Allionethern		- [heliwate (filing)	•
) i	
		SIGNATURE			
- 1000, 8 th - 11 (#17) 8 this first 100 (10)					
Laffirm that the	contents of this report are true, comple	te and accurate to the l	best of my knowle	edge.	!
			2/2.),	
	Signature		<u> </u>	Z Date	
			•		
Code and a start	and account (assessment) to be seen as a second second	gist . May	$\sigma \cdot b_s$	00.10	·
Subscribed ar	nd sworn (affirmed) to before me this	31 day of War	, ,	20 <u>10</u> .	
Signature of N	Notary Public/Attorney at law Kath	time Kleek	llex		
B:4	MILIANUS		99 EAZ11	IERINE LEE VEILLEU	X
My commission (Seal is option			Notar	y Public, State of Main	e 8
(Ocal 10 option	(Sato)		§ My Co	mmission Expires 4/1/20	14 \$
	ADDI:	TIONAL INFORMATIO	N		
Please provide the information	any additional information below (and you are providing. Use additional pag	on additional sheets if es, if necessary.	needed). Indicat	te the part or sectio	n number for
,		tab 84% tibin 1118-1118 di matem consemusamman consessessamen amane quantum militare.	estimme on seminat 1110 tilbust milant esentueen becommentaesest esessess	Регенентення под применент	t i kalina i manalimundi pamalingan ki di dimunan da 11,1 mil kanama k
Part/Section Number					
Printing province of the control of				·	nt to the last