

Name

APR 1 2 2010

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

Title

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## Maine Ethics Commission 2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

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** 

Department/Agency/Bureau/Division	Work Phone					
DEPT. OF PUBLIC SAFETY - MAINE STATE POLICE	207-624-7204					
Mailing Address, City, ZIP						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation economic activity of each employer.	of \$1,000 or more. Specify the principal type of					
None						
Name of Employer Address	Principal Type of Economic Activity of Employer					
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	dilitrostrips					
·	· co see					
- Landa Confe 管理を引きました。						
PART 2. INCOME DERIVED FROM SELF-EMPLOYMEN						
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						
Name and Address of Business Entity or Law Firm Major Areas of Economi Practice (self)						
Name:						
Address:	· •					
Name:	1					
Address:						

PART 2 (continued). IN	COME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employ whichever is greater, and specify the principal type of each form of disclosure is prohibited by law, rule, or an estal activity of the entity or person from whom the income was	onomic activity of the entity or person from wablished code of professional ethics, specify	hom you derived such income. If this
Name and Address o	of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		Termino anno arto
Address:		off management
Name:		
Address:		
PART 3.	OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in box.	Parts 1 or 2 of this form. Do not include gift	s or honoraria. If none, check the
☑ None	angung pagaran na kanan na kanan na manan mangung pagaran na pagaran na pagaran na pagaran na pagaran na pagara	
Name and Address o	f Source	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	<sub>red</sub> ich obsident <del>Park (Manusque) war</del> en conserven as and de Groue an end <del>fold fake al</del> le alle infolio de product and en an en en al de Groue as en al de san en an en al de Groue as en al de san en an	in the first open constituted to a million of the million out of service in a confidence of the confid
Address:		
Name:	asytaaseesta saasaa saasaa saasaa saasaa saasaa saasaa	
Address:		
PART 4.	. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list made as campaign contributions, or business loans from	credit card liabilities, or educational loans, le	oans from a relative, loans that were
None		
Name and Address of	Creditor	Principal Type of Economic Activity of Creditor
Name:	• •	·
Address:	•	
Name:	асниция свое в вое в вое В вое в в	
Address:		
PARI	5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting	ng period with an aggregate value of more th	an \$300. If none, check the box.
☑ None		CONTROL OF THE STATE OF THE STA
Name of Source of Gift		Source of Gift
1.	3.	;
2.	4.	

PART 6. RE	PORTABLE HONORARIA				
List the source of any honoraria accepted for appearances or speeches related to your official capacity or duties. If none, check the box.					
None None	Acceptance of the control of the con				
Name of Source of Honoraria	Name of So	urce of Honoraria			
1.	3.				
2.	4.				
PART 7. REPRESENT	TATION BEFORE STATE AGENCIES				
List each executive branch agency before which you or compensation of any amount other than your official salary. none, check the box.	a member of your immediate family Indicate whether you or a family mem!	represented or assisted others for per appeared before the agency. If			
X None		p.			
Name of Agency	Name	of Agency			
1.	3.				
2.	<b>4</b> .				
PART 8. BUSIN	ESS WITH STATE AGENCIES				
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold goods of family member sold the goods or services	r services with a value in excess of s. If none, check the box.			
None		######################################			
Name of Agency	1 Name	of Agency			
1.	3.				
2.	<b>4</b> .				
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE F.	AMILY			
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, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.					
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income			
Name: Vicki L. Bessette	1. Lender	1. Salary			
Job Title: Asst. Vice President	2.	2.			
	3.	. 3.			
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
Job Title:					

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List any for-profit or nonprofit corporation, firm, associatio held any office, trusteeship, directorship, or position of an tion was compensated. If a family member listed, indicate	y nature. Indicate wheth	er you or a family held	d the position and wh	
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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	SIGNATURE			
affirm that the contents of this report are true, comp	and the state of t	he heet of my knowl	odao	
A C	nete and accurate to the	ne best of my know	euge.	
Van worrel A. Donotte		04-	12- 2011	<b>^</b>
Signature			12- <u>20</u> 70 Date	<i>.</i>
Outparit and and a second of the second of t	13.0		20 <i>10</i> .	
Subscribed and sworn (affirmed) to before me this.  Signature of Notary Public Attorney-at-law	day, of U	Apple:	20 <u>70</u> .	
My commission expires 10-33-20		INE COLLINS		
(Seal is optional) (Date)		TARY PUBLIC MAINE		
	HY CHA	SCHOOL COLOR		
ADE	DITIONAL INFORMAT	ION		
Please provide any additional information below (an the information you are providing. Use additional pa	nd on additional sheets	s if needed). Indica	te the part or section	n number fo
Part/Section			e de la companya de l	,amona oo aasaan aasaan jagaagaajagaasaan
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