

Vebsite: www.maine.gov/ethics Phone: 207-287-4179 207-287-6775

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

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

MAINEETHICS COMMISSION 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 Elisabeth Biemann	Title /	Pus: dest and Directa, Maine Technology Institute none 207-8582-4790x20
	A	laine Technology Institute
Department/Agency/Bureau/Division Department	Economic and Work Pl	none 27-8582-4790 v20
Department/Agency/Bureau/Division Department of Community Deval	ا وسراها له	27-60 362-1770,20
Mailing Address, City, ZIP THE Maine Technolis held 405 Water Street Suit 30 Gardher Me Gold	Ata o	
	ED FROM EMPLOYMENT BY A	NOTHER
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation of \$1,000	O or more. Specify the principal type of
None	о поверяння до тер менен по воду, одного изберево до вод до 1277 г. баждай дальных царуных жили по по почения по не с до 1, до 1, да 1, да	VP-Salah dan мамания и монт повоб форм в Ром (1974 год 2015 год 2015 год 2015 год в дом
Name of Employer	Address	Principal Type of Economic Activity of Employer
		ere en la companya de la companya d
	The state of the s	
PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR LA	AW PRACTICE
A. List the name and address of your business or law firm, i derived income. If associated with a partnership, firm, profes activity or practice of that entity.	f any, and list the major areas of econsisional association, or similar busines	nomic activity or practice from which you s entity, list the major areas of economic
None		
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:	and the state of t	and the second control of the second control
Address:		
radicae.		
Name:		
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-E	MPLOYMENT
B. List each source of income derived from self-employment or practice that represents more whichever is greater, and specify the principal type of economic activity of the entity or person form of disclosure is prohibited by law, rule, or an established code of professional ethics, activity of the entity or person from whom the income was derived.	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:	ann tha an the angleddig thinks at the control of the annual depole of the angle and the definition of the angle and the angle angle and the angle and the angle and the angle angle and the angle and the angle angle and the angle angle angle angle and the
Address:	
Name:	ganiari mara a sa mara ani a ana a sa a sa a sa a sa ani a sa ani a sa ani a sa a sa
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include.	lude gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	501 10 (And 1 to 100 \$ 10 (00 1 \$ 1 ft 100 \$ 00 to 10 to 10 ft 10 to 10 ft 10
Address:	
Name:	жыл уданту сыңден құсық адақ адап төмін көмін көті көті қолтадағы, ойын көмін құсының құсының құсының құсының
Address:	
Name:	antaranan 100 mengenakan menguar katan kanan amangan menguaran menguaran menguaran salah salah salah salah sal
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received du areas of economic activity of each creditor. Do not list credit card liabilities, or educational made as campaign contributions, or business loans from regulated financial institutions. If non None	loans, loans from a relative, loans that were
Name and Address of Creditor	Principal Type of Economic
realite and Address of Oreditor	Activity of Creditor
Name:	
Address:	
Name:	
Address: .	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of r	more than \$300. If none, check the box.
None	
Name of Source of Gift N 1. 3.	Name of Source of Gift
2. 4.	

PART 10. OFFICER OR DIRECTOR POSITIONS				
List any for-profit or nonprofit corporation, firm, association, pheld any office, trusteeship, directorship, or position of any n tion was compensated. If a family member listed, indicate you	ature. Indicate whether	ryou or a family hele	d the position and wi	
None				encenna anno en como en como en proprio en anterior en como en
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Maine Philanthropy Contes USM Glideman Libera P.D. Box 9301 Portland, ME 04104	Bood Chair	Self		No.
CEI Community Vertures 2 Portlad Fish Pier Suito 2006 Portlad, ME 04101	Bood Weinber	sif		No.
			:	
	The state of the s			
	SIGNATURE			
I affirm that the contents of this report are true, complet	e and accurate to the	best of my know	edae.	,
Clinature Signature	orenial number of	42	lo Date	
Subscribed and sworn (affirmed) to before me this 2	nd day of A	oril,	20_ <i>[0</i>	
Signature of Notary Public/Attorney-at-law Linda				
My commission expires (Seal is optional) (Catela C. ADAMS Notary Public, Maine My Cruminator Expires Octob	er 24, 2 0 12			
ADDIT	IONAL INFORMATIO	ON		
Please provide any additional information below (and on the information you are providing. Use additional page		f needed). Indica	te the part or secti	on number for
Part/Section Number				
		ere e e e a a como e e e e e e e e e e e e e e e e e e		

PART 6	. REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearance	es or speeches related to your officia	capacity or duties. If none, check the box.
None	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Source of Honoraria	Na	ame of Source of Honoraria
1.	3.	
2.	er mer ikk annen merke tegeme kom kan kannen i intereste i intereste i intereste i intereste i intereste i int A	menteria de la compansa de la compa
.	4.	
	SENTATION BEFORE STATE A	
List each executive branch agency before which yo compensation of any amount other than your official sanone, check the box.	u or a member of your immediate alary. Indicate whether you or a far	e family represented or assisted others fo mily member appeared before the agency. I
None		
Name of Agency	and the second of the second o	Name of Agency
1.	3.	
2.	4.	
PART 8. BU	ISINESS WITH STATE AGENCI	ES
List each executive branch agency to which you or a m	ember of your immediate family sole	d 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 of	or services. If none, check the box.
None	annan merikana aran 1994 2015 kibunga merangan menganan kenan annah menganyai propinsi angan kenangan kenangan	
Name of Agency	e transfer on an original consumer manager of the construction of	Name of Agency
1.	3.	
	sa era era a em asa e a amana a e asas per e a a a a a a manamana a	
2.	4.	
PART 9. INCOME RECE	EIVED BY MEMBERS OF IMMED	DIATE FAMILY
List the type of economic activity representing each soul dependent child(ren) during the reporting period and the or more of income, list his or her name and job title. List on not include gifts.	kind of income represented. If your	spouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activi Representing Source of Inc Received	ty come Kind of Income
	······································	
Name: Sean Callahan	1. Kaching	1. Part-time salary
Job Title: Lecturer, Spacuse University	3.	2. 3.
Dependent Child(ren) - Job Titles Only		markan di salah kacamatan di salah di s
Job Title: N.A.		en e
Job Title:		
Job Title:		