COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine



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

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. Man Ethics Commission 2009 April 16, 2010. Please commission about this form 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 Jody L. Breton		Title Deputy (Cammissioner			
Department/Agency/Bureau/Division		Work Phone				
Dept of Environmental Protection		287-7830				
Mailing Address, City, ZIP	en terretarione section de la company de	enementario en en en en el seguino en				
17 State House Station	1. Augusta, ME C	<u> 4333-</u>	-0017			
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer fro economic activity of each employer.	m whom you received compensation of	if \$1,000 or r	more. Specify the principal type of			
None	SINYI AMALIA AMELIA MARIA AMARIA AMAR	ilerli (* d. 1994) - de en	[1887] and a the property of the second second second second and a second secon			
Name of Employer	Address	III-III-l-verial(a), A-ea-(a) (I-U-III-), A-ea-(iiI-II-III-III-II-II-III-III-III-III-I	Principal Type of Economic Activity of Employer			
State of Maine	17 state House star Augusta, Me 04333	tion 3	state government			
University of Maine System	Lima Jewett Hall Lugusta, ME 093	30	teaching			
PART 2. INCOME DER	IVED FROM SELF-EMPLOYMENT	OR LAW F	PRACTICE			
A List the name and address of your business or	law firm if any and list the major area	of cooperation	a political parameters from the least			

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 None Major Areas of Economic Activity/ Major Areas of Economic Activity/ Practice Name and Address of Business Entity or Law Firm Practice (self) (partnership, association, firm or similar business entity) Name: Address: Name: Address:

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment or practice that represents more than whichever is greater, and specify the principal type of economic activity of the entity or person from w form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify activity of the entity or person from whom the income was derived.	hom 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:	
Name:	at to at grammus terminology problem to the \$\infty\$ to the members are must make that \$150,500 the \$150,500
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 gift box.	s or honoraria. If none, check the
None	innelien kantalaminin makantala terli Marija paga kantalah kantalah kantalah kantalah kantalah kantalah kantal Kantalah kantalah minin mengkannya pengkangan pengkan kantalah kantalah kantalah kantalah kantalah kantalah ka
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	gruppingsaasyaanaasiasyanaasaa'isisaasiishabidaasaasaayayyaaasaayaasaayaaniyayyyyyyyyyy
Address:	
Name:	ganggapan mang dandigangan pelabah dan antara Addising pengabah pengabah pengabah pengabah dan seria s
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, le made as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans that were
None	kirista (marin marin marin marin marin kanda kanda kanda kanda kanda kanda kanda kanda marin marin marin marin
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	mmillion (1997) 1993-1994 (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)
Address:	1
Name:	гранция (ст. т. 1995) (т. Шентей С ССССССССССССССССССССССССССССССССССС
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more th	an \$300. If none, check the box.
None	
Name of Source of Gift Name of 3.	f Source of Gift
	t for immunities for the analysis of the characteristic interpretability and specify for the properties of the
2. 4.	

PART 6	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances		v or duties If none check the box
None	ide distributed are great a some transport of a property of the transport of the transpor	et recommendation and the second control of
Name of Source of Honoraria	Name of S	ource of Honoraria
1,	3.	\$\$\\\partial \qquad \qua
2.	4.	aded granted of phone (but of the Color of Color of the C
2 .	4.	
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	NTATION BEFORE STATE AGENCIE or a member of your immediate family ry. Indicate whether you or a family men	represented or assisted others for
None		ONE-PERIODA HEALINA MARIA MARI
Name of Agency	Nam	ee of Agency
1,	3.	
2.		IIIII Millian etti keeste että tuurunga yytyön en en killi saasia lainalaista eta keelegeyseen joosaasia vasta kassa vasta liiki
PART 8. BUS	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate family sold goods	or services with a value in excess of
None	a raining member sold the goods of service	es. If Horie, Check the Dox.
Name of Agency	Nam	e of Agency
1.	ar o resiminare in a sinterior in the interior in a sinterior in a sinterior in a sinterior in a sinterior in a : 3.	20000110001100011000110001100011000110
	. J.	
	4.	rel een versegroongigaajjaan aangan najahn najalah ka ja Harrin oo relina nega ga qaziita ka kalimana nannaga qanaa qara
	7.	
	ED BY MEMBERS OF IMMEDIATE F	
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 onlinot include gifts.	nd of income represented. If your spouse	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
Name: Laurence R. Breton	1. employment-state government	1. pay check
Job Title: Master Carpenter	2.	۷.
Maine State Museum	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: Clerk Cashier	employment (Part-time)	pay check
Job Title:		
lah Title:	mark of market and the second control of the second	the North Commence of the Comm

	PART 10. O	FFICER OR DIRECTO	R POSITIONS		
held any office,	fit or nonprofit corporation, firm, association trusteeship, directorship, or position of ar ensated. If a family member listed, indicat	ny nature. Indicate wheth	er you or a family hel	d the position and who	liate family ether the posi-
None	TO DIE SANDEN BOOK AND ENGLISHEN DE DE DE DE STANDE DE DE SANDE SANDE DE SANDE DE SANDE DE SANDE DE SANDE DE D TO DIE SANDE DE SANDE	rellad sammun velamere et halen likelelah et dekemere et hemet av enamet nevetip mit gepreg er petiglet.	herkelitys for dentificiare of seminary in terminary behalf allowed by different dentification of dentification		r, i eergigiyatsaaliheermaadheeyssiimmadhaadiin
es traine et accione et accione et accione propaga y passe y mener que mana,	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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					t ti al-more como de parado, qui il com la minera la serie.
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		SIGNATURE		2	
I affirm that the	e contents of this report are true, comp	plete and accurate to th	ne best of my knowl	edge.	
Sog	J.B.o.ferv Signature		3/24/) /) Date	
Subscribed a	and sworn (affirmed) to before me this	24 day of M	arch.	20 <i>JO</i>	
My commissi (Seal is optio	on expires 4//0///		an de la company		
	ADI	DITIONAL INFORMATI	ION		
Please providenthe information	e any additional information below (ar n you are providing. Use additional pa	nd on additional sheets ages, if necessary.	if needed). Indica	te the part or sectio	n number for
Part/Section Number		1804 to analysis directly the the property of the second s	nanoonia maliina oo oo oo oo aa aanaa aa	N. N. der der stem det eine der der der der der der der der der de	erte er
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