



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)

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

Please file this statement with the <u>Maine Ethics Commission</u> 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.

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Katherine W. Bubar			Director, Interage	ncy Coordination
Department/Agency/Bureau/Division	THE RECORD TANKS TO PROMISE OF THE ACT OF CONTRACTOR DESCRIPTION OF THE PROMISE OF	an ang salah	Work Phone	EVINTARIO DE L'ESTE TILITET DE L'ESTE DE L'EST
Health & Human Services			207-287-1905	en man
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# 11 State House Station,	, 221 State Street, Aug	usta, Maine O	4333	
PART 1	INCOME DERIVED FROM	M EMPLOYME!	NT BY ANOTHER	
List the name and address of each emple economic activity of each employer.	loyer from whom you receiv	ved compensation	of \$1,000 or more. Specify the	ne principal type of
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Name of Employer		Address	Principal Type of	f Economic Activity
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PART 2 INCOM	ME DERIVED FROM SELI	F-EMPLOYMEN	IT OR LAW PRACTICE	
A. List the name and address of your bus derived income. If associated with a partn activity or practice of that entity.	iness or law firm, if any, and lership, firm, professional ass	l list the major are sociation, or simila	as of economic activity or pract ar business entity, list the major	ice from which you areas of economic
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Name and Address of Business Entity	or Law Firm Major	Areas of Econom Practice (self)	ic Activity/ (partnership, associated	Economic Activity/ actice clation, firm or similar ss entity)
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Address:				

PART 2 (continued). INCOME DERI	VED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or practic whichever is greater, and specify the principal type of economic activity form of disclosure is prohibited by law, rule, or an established code activity of the entity or person from whom the income was derived.	of the entity or person from wh	om 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:		
Address:		¢
PART 3. OTHER SOU		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 or box.	f this form. Do not include gifts	or honoraria. If none, check the
None		97-375
Name and Address of Source		Kind of Income (investments, leases, etc.)
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PART 4. REPORTAL	BLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list credit card liab made as campaign contributions, or business loans from regulated finan	pilities, or educational loans, loa	ans from a relative, loans that were
None		TO THE CERTANG SEPANCE SEPANCE AND ADMINISTRATION OF THE PROPERTY OF THE PROPE
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:		· .
PART 51 REPORT	价值接触的数据数据的自己的证明的 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
List the specific source of gifts received during the reporting period with a	an aggregate value of more tha	n \$300. If none, check the box.
None		**************************************
Name of Source of Gift 1. 3		Source of Gift
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List the s		epted for appearances or speech	es related to your offi	cial capacity or duties. If none, che	eck the box.
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compens	n executive branch agenc ation of any amount other eck the box.	y before which you or a men than your official salary. Indica	nber of your immed te whether you or a	iate family represented or assist family member appeared before t	ted others for the agency. If
⊠ None)	**************************************	The second secon		Note according to the second control of the
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		PART 8. BUSINESS W	ITH STATE AGEN	CIFS	and some page
List each	executive branch agency t	to which you or a member of you	ur immediate family s	sold goods or services with a value	e in excess of
\$1,000 du	uring the reporting period. In	ndicate whether you or a family n	nember sold the good	s or services. If none, check the b	OX.
X None	- Programme in the second				
<u> </u>	Name of Ac	gency		Name of Agency	
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	PART				
List the ty	/pe of economic activity report child(ren) during the repo	presenting each source of incompring period and the kind of incompring	e of \$1,000 or more	received by your spouse or domestour spouse or domestic partner rec	stic partner or
or more o not includ	f income, list his or her nam	ie and job title. List only the job ti	itle of dependent child	dren who received income of \$1000	or more. Do
Name	e of Spouse or Domestic Pa	artner and Job Title Re	Type of Economic Ac presenting Source of	tivity Income Kind of Inc	
			Received	meone rand of the	ome
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Name:	John H. Bubar	2.		 Social Securi Investments 	.cy
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E 17 5 1	Dependent Child(ren) "Jol	STHE OAK			
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Job Title:				Ŧ	
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Job Title:	And the state of t	The second of the second secon	Andrew Principles of the Control of	Providence van in the second s	CONSTRUCTION OF THE PROPERTY O

List any for-profit or nonprofit corporation, firm, association, patheld any office, trusteeship, directorship, or position of any nation was compensated. If a family member listed, indicate you	ture. Indicate whether	s in which you or a m er you or a family hel	d the position and wh	liate family ether the posi-
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Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Yarbenine W. Bular Signature	ard		3/2010 Date	,
Subscribed and sworn (affirmed) to before me this <u>Ac</u> Signature of Notary Public/ Attorney-at-law	day of Ma L Veille		20 <u>10</u>	
My commission expires 4/1/2014 (Seal is optional) (Date)		Notary F	RINE LEE VEHLLEUX Public, State of Main rission Expires 4/1/2014	
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Part/Section Number				
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