Office: 45 Memorial Circle, Augusta, Maine



Website: www.maine.gov/ethics

Phone: 207-287-4179 ax: 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 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 sit	uations.				
EMPLOYEE INFORMATION					
Name Catherine Carrol Department/Agency/Bureau/Division Conservation / Land Use Regulation Mailing Address, City, AP	Title ### Control ### Control	Xecutive bruch			
Conservation / Land Use Regulation Mailing Address, City, ZIP 22 SHS Augusta ME 0433	n Commissur	2874930			
66 243 Rugusta Me 0433	3-00-6				
PART 1. INCOME DERIVI	ED FROM EMPLOYMENT BY	ANOTHER			
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation of \$1,	000 or more. Specify the principal type of			
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Name of Employer	Address	Principal Type of Economic Activity of Employer			
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PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR	LAW PRACTICE			
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profes activity or practice of that entity.	any, and list the major areas of ϵ sional association, or similar busing	economic activity or practice from which you ness entity, list the major areas of economic			
₩ None	ama a a managa a ang managa a ang managa () banganana mana mana a managa ang ang ang ang ang ang ang ang an	уческия под принципальной двиду до			
Name and Address of Business Entity or Law Firm	Major Areas of Economic Active Practice (self)	vity/ Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)			
Name:	•				
Address:					
Name:					
Address:					

PART 2 (continued). INC	OME DERIVED FR	OM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment whichever is greater, and specify the principal type of econform of disclosure is prohibited by law, rule, or an estable activity of the entity or person from whom the income was described.	nomic activity of the en dished code of profess	itity or person from who	om you derived such income. If this
Name and Address of S	Source	house and the second se	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
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Address:			
	THER SOURCES O		
List each source of income of \$1,000 or more not listed in P box.	Parts 1 or 2 of this form	n. Do not include gifts o	or honoraria. If none, check the
☑ None			
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Address:			
PART 4. I	REPORTABLE LIAI	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list cremade as campaign contributions, or business loans from reg	edit card liabilities, or	educational loans, loan	ins from a relative, loans that were
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Name and Address of Ci	reditor		Principal Type of Economic Activity of Creditor
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Address:		£	
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Address:			
PART 5	5. REPORTABLE G	HFTS	
List the specific source of gifts received during the reporting	period with an aggreg	ate value of more than	\$300. If none, check the box.
None None	eneg yang gengentenenggi katangga pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengan		and the state of t
Name of Source of Gift		Name of S	ource of Gift
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PART 6 REI	PORTABLE H	IUNIUBABI			
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None	amin et alla de la transita e en la company y e	\$\tag{\tag{\tag{\tag{\tag{\tag{\tag{			THE REPORT OF THE PROPERTY OF
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PART 7. REPRESENTA	ATION BEFOI	RE STATE	AGENCIES		
List each executive branch agency before which you or a compensation of any amount other than your official salary. none, check the box.	a member of v	your immedi	iate family re	epresented or er appeared be	assisted others for fore the agency. If
None	oold nimmeumoonii inmenenenenen je gagaga kiringine ja	and the state of t	inthety, etnika netritika kramina netravana (1862), in g	that #2015 part of the following the first following the first following for the first following for the first following follo	ϕ and ϕ of ϕ is the state of ϕ and ϕ and ϕ and ϕ and ϕ and ϕ and ϕ are ϕ and ϕ and ϕ and ϕ are ϕ and ϕ and ϕ and ϕ are ϕ and ϕ and ϕ are ϕ and ϕ and ϕ are ϕ
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PART 8. BUSINE					
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a fa	r of your immed amily member s	diate family stold the good	sold goods or s or services.	services with a	value in excess of the box.
None	######################################	essenii menistri (limilal/lal/larissa erijeri) jerini		nderstanderst. Som type-remanne bestämder til en hellinderstyllikelij	soonii saasaa saasaa saasaa saasaa saasaa saasaa
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PART 9. INCOME RECEIVED		n vin 1 Erdiktappylija	History, readilja	para e de la	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only the not include gifts.	of income repres	sented. If yo	our spouse or	domestic partr	er received \$1,000
Name of Spouse or Domestic Partner and Job Title	Representin	Economic Ac ig Source of Received		Kind	of Income
Name:	1.			1.	The second secon
Joh Title	2.		:	2.	
	3.		:	3.	
Dependent Child(ren) - Job Titles Only					
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Job Title:	24 M. 1997 (1994) 1997 (1994) 1997 (1994) 1997 (1994) 1997 (1994) 1997 (1994) 1997 (1994) 1997 (1994) 1997 (19	n Samuel annum alla Calanda mana a Sama na a a a sa sa sa sa sa sa sa sa	n a de 1999 (margon e 1900 de 1909 e 1907 (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907	Andrew Control of Community (Analysis) (Analysis) (Analysis)	

PART	10. OFFICER OR DIRECTOR I	POSITIONS		
List any for-profit or nonprofit corporation, firm, as held any office, trusteeship, directorship, or position was compensated. If a family member listed,	on of any nature. Indicate whether	you or a family hele	d the position and whe	
Mone None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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	SIGNATURE			
I affirm that the contents of this report are true LLO C CW Signature Subscribed and sworn (affirmed) to before re Signature of Notary Public/Attorney-at-law My commission expires 9-5-2	me this 30^{th} day of M	o3-, arch, Lapoint	<u> 30 - 2010</u> Date	
(Seal is optional) (Date)		Wotary	Public • Maine xpires September 5 201	16
	ADDITIONAL INFORMATIO	N		
Please provide any additional information be the information you are providing. Use additi		needed). Indica	te the part or sectio	n number for
Part/Section Number				en se en