2009 Calendar Year



MAR 2 6 2010

RECEIVE 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



## MANEETHICS 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		
Name Guy R. Cousins		Title Drective	
Department/Agency/Bureau/Division  DHH5 Office of Substitute of Substitu	stance Abuse	Work Phone 207 - 287 - 2545	
DHHS Office of Sut Mailing Address, City, ZIP 41 Anthony Lave. SHS 11	Augusta ME 04	1333-0011	
	ME DERIVED FROM EMPLOYME	ENT BY ANOTHER	
List the name and address of each employer from economic activity of each employer.	om whom you received compensation	on of \$1,000 or more. Specify the principal type	of
			PHARTICO-ES
Name of Employer	Address	Principal Type of Economic Activit of Employer	ly
RSU 2 Hall-Dale High School	97 Maple S Farmanydale ME 04		enzewerz
			marque y y y y y
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYME	ENT OR LAW PRACTICE	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major and firm, professional association, or simil	reas of economic activity or practice from which you illar business entity, list the major areas of econom	ou nic
None			
Name and Address of Business Entity or Law	Firm Major Areas of Econom Practice (self	Major Areas of Economic Activity Practice (partnership, association, firm or simila business entity)	
Name:			
Address:			
Name:			2000
Address:			

PART 2 (continued). INCOME DERIVE	FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice the whichever is greater, and specify the principal type of economic activity of the form of disclosure is prohibited by law, rule, or an established code of practivity of the entity or person from whom the income was derived.	he entity or person 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:	
Address:	: :
Name:	7890 Meri (1994) 1980 1980 1980 1980 1990 1990 1990 1990
Address:	
PART 3. OTHER SOURC	ES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of thi box.	s form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE	LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more the areas of economic activity of each creditor. Do not list credit card liabilities made as campaign contributions, or business loans from regulated financial None	es, or educational loans, loans from a relative, loans that were
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	Activity of Creditor
Address:	
Name:	
Address:	
DART E DEPOSTA	THE CLETC
PART 5. REPORTAL  List the specific source of gifts received during the reporting period with an a	
	ggregate value of more than 4000. If hotte, check the box,
Name of Source of Gift	Name of Source of Gift
1. 3.	Transcorpagning Company Compan
2.	

...

List the source of any honoraria accepted for appearances or	r speeches related	to your official capacity	or duties. If none, check the box.
None	Democratical Control of the Control	SSPECIAL PROGRAMMENT AND THE PROGRAMMENT AND ASSESSED TO THE PROGRAMMENT ASSESSED.	he is the constant of the co
Name of Source of Honoraria	nagang pamamak sa 2001 katalah kabana sa	Name of Sou	urce of Honoraria
1.	3.	data a construction of the	landamahan di pangangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan pangangan pangang
2.	which the second constraint and the second constraint ${f 4}$ , .	Anna (No) ar 1844 a 1840 à inne ains, ann ann, ann an annagh ann gaile ag bhaill ag ann an ann an an	
PART 7. REPRESENT	TATION BEFORI	E 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 lindicate whether	our immediate family r you or a family memb	epresented or assisted others for appeared before the agency.
None	randiseria amierri ranniquerrane geripi, m. y rinni, mary, pysosososososos	intilladdi farbinda e action o e egung gagagabaga maggy agabbagagy agabbagag	construction (a) = (a) + (a)
Name of Agency	ennemente este a proper per per per per per per per per per	Name	of Agency
1.	3.		(Anthon Anthon A
en traditional de la company de company de company de company de la company de company d	4.		
PART 8. BUSIN	NESS WITH STAT	TE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immedia a family member sol	ate family sold goods or ld the goods or services	r services with a value in excess of s. If none, check the box.
None	MILLER AND PARTIES AND	HROWHING OF THE AND THE TOP TO THE THE TOP TO THE TOP	Nitri est by promise a summy of the control of the
Name of Agency		Name	of Agency
1.	3.		
	is the three terms are present an angular state of the s		unipersystem to the Control of the C
PART 9. INCOME RECEIVE	D BY MEMBERS	S OF IMMEDIATE FA	AMILY
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 not include gifts.	d of income represe	ented. If your spouse o	or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Representing	conomic Activity Source of Income eceived	Kind of Income
Name: Debornh Cousins	1. <i>Social</i> 8	<i>servies</i>	1. evaployment
Name: Debornh Cousins Job Title: Technology Software Coord.	2. 3.		2. 3.
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:	n version de la commencia de descripción de la companya de la companya de la companya de la companya de la commencia de la companya de la com	Samuellus Samuellus suurin salainen kannan kannan salaisen ja Sellista salaisen salainen salainen salainen sal	

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	or nonprofit corporation, firm, associarusteeship, directorship, or position of	any nature. Indicate whether	s in which you or a m er you or a family hel	d the position and who	
tion was compen  None	sated. If a family member listed, indi	cate your relationship and the	e name of the family	member.	**************************************
	Organization/Business and Address	Title	Posítion Held By:	Family Member's Name	Compen- sated?
			- Control of the cont		
					ronnau en sindrok ensimbilikokokonok ersenned
		SIGNATURE			
Subscribed an Signature of N My commissio (Seal is option	Signature  ad sworn (affirmed) to before me to determine the determined of the deter	his <u>93 <sup>rg</sup></u> day of <u>Mr</u>	OYCh	Date  20 10  ERINE LEE VEILLEUX y Public, State of Maine	4 8
	any additional information below you are providing. Use additiona		hoper, programme hand a programme hands and hand a programme hand a progra	te the part or sectio	n number f