2009 Calendar Year



MANUETHICS COMMISSION

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.

| EMPLOYEE INFORMATION | | | | | | |
|---|---|--|--|--|--|--|
| Name Avthur S. Davis, 57 Department/Agency/Bureau/Division Labor Mailing Address, City, ZIP 54 House Statis | Title Diveol Work Phon 207-6 | for of operations 621-50 FM | | | | |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER | | | | | | |
| List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer. | | | | | | |
| None | | \$\\\^\\\\^\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| Name of Employer | Address | Principal Type of Economic Activity of Employer | | | | |
| | | | | | | |
| PART 2. INCOME DERIVED FRO | OM SELF-EMPLOYMENT OR LAW | PRACTICE | | | | |
| A. List the name and address of your business 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 | and a final state of the state | | | | | |
| 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: | | | | | | |
| Address: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |

| PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT | | | | |
|---|--|--|--|--|
| B. List each source of income derived from self-employment or practice that represents more than 10 whichever is greater, and specify the principal type of economic activity of the entity or person from who 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. | 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 SOURCES OF INCOME | | | | |
| List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box. | or honoraria. If none, check the | | | |
| None | | | | |
| Name and Address of Source | Kind of Income (investments, leases, etc.) | | | |
| Name: | anni anni anni anni anni anni anni anni | | | |
| Address: | | | | |
| Name: | | | | |
| Address: | | | | |
| Name: | наавияличная на настроительной делением при | | | |
| 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, loans made as campaign contributions, or business loans from regulated financial institutions. If none, check | ans from a relative, loans that were | | | |
| None | un suurusenaan maarmaatanka kalika ka k | | | |
| Name and Address of Creditor | Principal Type of Economic Activity of Creditor | | | |
| Name: | | | | |
| Address: | | | | |
| Name: | ana ara andra menana a dimbian como lemente del del colò colòmica di del del del minimi del mente ancana ana a | | | |
| Address: | | | | |
| PART 5. REPORTABLE GIFTS | | | | |
| List the specific source of gifts received during the reporting period with an aggregate value of more than | n \$300. If none, check the box. | | | |
| None | | | | |
| Name of Source of Gift Name of S 3. | Source of Gift | | | |
| 2. 4. | t tig dad diging grant to find and the control of the find and the control of the | | | |

| List the source of any honoraria accepted for appearances or | r speeches related to your official capacity o | r duties. If none check the box. |
|---|--|--|
| None | TOP OF THE STATE O | A CONTROL OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPERTY ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PRO |
| Name of Source of Honoraria | Name of Sour | rce of Honoraria |
| 1. | 3. | 490 (1989) 1981 1984 1984 1984 1984 1984 1984 1984 |
| 2. | 4. | |
| PART 7. REPRESEN | TATION BEFORE 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 immediate family re . Indicate whether you or a family membe | presented or assisted others for appeared before the agency. |
| None | | 2226494347676666646466666666666666666666666 |
| Name of Agency | Name o | hide Andrew and the transfer from the control of th |
| 1. | 3. | |
| 2. | 4. | |
| PART 8 BUSII | VESS WITH STATE AGENCIES | |
| List each executive branch agency to which you or a memb | | |
| \$1,000 during the reporting period. Indicate whether you or a None Name of Agency | | If none, check the box. of Agency |
| 1. $(x, y) \in \mathbb{R}^n$ | 3. | |
| 2. | . 4. | |
| PART 9. INCOME RECEIVI | ED BY MEMBERS OF IMMEDIATE FAI | MILY |
| List the type of economic activity representing each source 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 represented. If your spouse or | domestic partner received \$1.0 |
| Name of Spouse or Domestic Partner and Job Title | Type of Economic Activity Representing Source of Income Received | Kind of Income |
| Name: NON C | 1. | 1. |
| Job Title: | 2. | 2. |
| Job Title. | 3. | 3. |
| Dependent Child(ren) - Job Titles Only | | |
| Job Title: | | |
| Job Title: | majamanan di perinci manda dan di manda da manan di perinci da manda da d | |
| | | |
| Job Title: | 1917-99 milatet (1-dam mily milatem met in milaten men in 2015 proteste destruction met of postella free free deposition from 1918 per 191 | ere er |

| PART 10. (| OFFICER OR DIRECTO | R POSITIONS | | |
|---|--|--|--|---|
| List any for-profit or nonprofit corporation, firm, associa held any office, trusteeship, directorship, or position of tion was compensated. If a family member listed, indic | any nature. Indicate wheth | ner you or a family hele | d the position and wh | liate family ether the posi- |
| None | | | | |
| Organization/Business and Address | Title | Position Held By: | Family Member's Name | Compen- sated? |
| | | | | |
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| | ories M. Hericolo | | AND ADDRESS OF THE PROPERTY OF | |
| | SIGNATURE | | | |
| I affirm that the contents of this report are true, cor | udovi e entre e este este este este este este e do e entre e este e Transferiera | he best of my knowl | edae. | |
| Signature | · | april | 8 20/0 | |
| Cignature / | .a | | Jaio | Ē |
| Subscribed and sworn (affirmed) to before me th | is gay of Ho | oril | 20 <u>1D</u> . | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Signature of Notary Public/Attorney-at-law | uda J. Korl | | | Profession Ship |
| My commission expires(Seal is optional) (Date LINDA | J. ROY State of Maine | | | |
| Notary Public My Commi | State of Maine Stion Expires | | · · · · · · · · · · · · · · · · · · · | |
| | er 06, 2014 DDITIONAL INFORMAT | FION | | Again and S |
| Please provide any additional information below (| and on additional sheets | s if needed). Indica | te the part or section | n number for |
| the information you are providing. Use additional | pages, ii necessary. | omonis viinaravavas s sa voltravoimithi diimarstosvala [vs.510,m/stiim/stiim/stiim/ | \$ | BATHGREATANA, HIYAMBEANAGGGATTERNAMAG |
| Part/Section Number | | | | |
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