2009 Calendar Year





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

John C. Dec	an .		State Fire Marsh	1			
Department/Agency/Bureau/Division	in fe	Lake For Word	Work Phone				
Public Jatety/	Office of 3	Lene 1116 Wars	hal 626-3870	annegen, grants, innance, in			
Mailing Address, City, ZIP 30 Show 53 State	te House St	ation, Augu	sta, ME 04333-003	52			
PART	1. INCOME DERIV	/ED FROM EMPLOYN	MENT 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	A STATE OF THE STA						
Name of Employer		Address	Principal Type of Economic of Employer	Activity			
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			:				
PART 2. INC	OME DERIVED FR	ROM SELF-EMPLOYM	MENT 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	en mengenya termulaan (2004) aan 120-71 a dear en ee geers (2004) ay ee geerg kaan ba	n na ann an Airmean	the annual points from the constraint of the con				
Name and Address of Business Er	ntity or Law Firm	Major Areas of Econ Practice (s	, , , , , , , , , , , , , , , , , , , ,	-			
Name:							
Address:							
Name:							
Address:							

PART 2 (continued). If	NCOME DERIVED FROM	M SELF-EMPLOY	MENT
B. List each source of income derived from self-emplo whichever is greater, and specify the principal type of erform of disclosure is prohibited by law, rule, or an est activity of the entity or person from whom the income was	conomic activity of the entity tablished code of professio	or person from who	om vou 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:	таратын жана байд 1 байлан кайранан байна Түйлүнүн такка кака тайдуу Түйдөдүй	t eil Verleitert voll och alt an 1888 bl. ei halberer maaren ander pett beer zoog byerginal bet	$0 \leq + + + + + + + + + + + + + + + + + + + + + + $
Address:			
PART 3.	OTHER SOURCES OF	INCOME	
List each source of income of \$1,000 or more not listed in box.	in Parts 1 or 2 of this form. I	Do not include gifts o	or honoraria. If none, check the
None	yanaarindadaa saka daba gaqaaqil ya jijiyada, ilangari apayaan marayaan adalaraka siyalika XXXIba beliari	III-AA wii 1534 yo 555 44 yo mmaari mmaay amat oo bahahii 1545 bibah 1616 659 15	kii kirokii direl kirirel arbekeeste kaasa kajapun epaspanji (kii kii kirokii kii kirokii kirokii kalana mel memman pundana ped
Name and Address (of Source	Androd (11 de 110), Androd Androdolf (11 de 2001), Androd (11 de 11	Kind of Income (investments, leases, etc.)
Name:	Property that have been seen as a second of the second	hamit-tithetteerstet-totaurbeidestatenden ermanen den aus und	
Address:			
Name:	MANALINAPALINALISTAMIAIAIAIAIAIAIAAAAA FI AAAAA IIINA ALAIIIIII MISAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	APARALALAHAN BARTARAN	oderanieren en grangen (18 million i 18 mill
Address:			
Name:	kilooda da maa oo kaa ahaaan oo ahaa ahaa ahaa ahaa ahaa ah	on the second se	
Address:		:	
	4. REPORTABLE LIABII	um verrousere Etweepopääjinge (in pile sieve musetude)	
List the names of creditors for any unsecured loans of areas of economic activity of each creditor. Do not list made as campaign contributions, or business loans from	credit card liabilities, or ed	lucational loans, loa	ns from a relative, loans that were
None	ranna karanda ya wa mafan wakana ka	[B][[][[][[]][]]AAAAAAAAAAAAAAAAAAAAAAA	and the state of a manufacture and a manufacture and the state of the
Name and Address o	of Creditor	(Permetum) (Permet in Permitted of Perpetuition of Section (Permetum) (Perme	Principal Type of Economic Activity of Creditor
Name:			
Address:			•
Name:		nness of the second second section of the second	aren e versitat ett ett fot fot fot fot fot fot fot fot fot f
Address:			
PAR	RT 5. REPORTABLE GIF	TS	
List the specific source of gifts received during the reporti	u an aggagagag sanda a — — sanda Bejibbadab		\$300. If none, check the box.
None None	et pakkaphalong (4 fair)mag (mag (mag (mag (mag (mag (mag (mag (······································	nemmer over nemet tillholp greget för 1994 (lemminninger) (melse enne untvenstatiot plate fill fendami) men fi
Name of Source of Gift	Primariani, marijana sa	Name of S	ource of Gift
1.	· 3.	2007 mm o 2 7 mm	
2.	4.		es and the second of the secon

PART 6. RE	EPORTABLE HONORARIA		
List the source of any honoraria accepted for appearances or	speeches related to your official capacity or	duties. If none, check the box.	
None			
Name of Source of Honoraria	Name of Sour	ce of Honoraria	
1.	3.		
2.	4.		
PART 7. REPRESENT	FATION 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 rep Indicate whether you or a family membe	oresented or assisted others for r appeared before the agency. If	
None			
Name of Agency	Name of	f Agency	
1.	3.		
2.	4.		
PART 8. BUSIN	ESS WITH STATE AGENCIES		
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold goods or stamily member sold the goods or services.	services with a value in excess of If none, check the box.	
None			
Name of Agency	Name of	Agency	
1.	3 .		
2.	4.		
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE FAM	ЛILY	
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.	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:	1.	1.	
Job Title:	2.	2.	
oob me.	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:			
loh Title		The second secon	

PART 10. OFFIC	ER OR DIRECTOR I	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ture. Indicate whether	you or a family hele	d the position and who	
□ None			•	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
National Association of State Fire Marshals (NASFM) 1319 F Street, M.W., Saite 301 Washington. D.C. 20004	Past President Director	Self	indonenani i i i i i i i i i i i i i i i i i i	No
National Fire Protection Association (NFPA) 1 Battery March park Quincy, MA 02169-7471	Director	self		No
	TOTAL			
	SIGNATURE			
Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) (Date)	nd day of Cer	21/2/3 Dræmbe	2010 Date 2010 Walau	
ADDITIO	ONAL INFORMATION			
Please provide any additional information below (and on the information you are providing. Use additional pages,	additional sheets if		e the part or sectio	n number for
Part/Section Number			and the state of the	