

Office: 45 Memorial Circle, Augusta, Maine



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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 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 Poul R. Dionne Department/Agency/Bureau/Division Workers' Compensation Mailing Address, City, ZIP	Work Pho	tive Director /Chair ne 87-7086				
27 State House Station, A	ogusto, ME 04333	3-0026				
PART 1. INCOME DERI	VED FROM EMPLOYMENT BY AN	OTHER				
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000	or more. Specify the principal type of				
□ None	(4) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	POPULATION I I I I I I I I I I I I I I I I I I				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
State of Maine S Workers' Composation Book	07 State 40 use statio Augusta, ME 64333-606	Administration of Maine's Workers! Dempensation System				
PART 2. INCOME DERIVED FROM 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						
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: Washbung, LLC. Address: POBOTE, Lewiston, ME 0424	Res/Estate	Rental of Commercial and resolution				
Name: Asul Dionne / Cotes	Resi estate	Pents 1 of residential				
PUBOT 6, Lewiston, ME 0424	(3	pau estate				

	PART 2 (continued). INCOME DERIV	/ED FROM SELF-EMPLOY	MENT
whichever is greater, and s form of disclosure is proh	come derived from self-employment or practice specify the principal type of economic activity of bitted by law, rule, or an established code of son from whom the income was derived.	of the entity or person from wh	nom 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:	2 1 1		0
Name: Roopers Resi Estate, Inc. Address: Minos Avenue, Aubunn, ME 04210		≦ /∆	Commercial Bast
mais a tamana manamana minimana ananga a tangana ayangiyin a tangan anangan anginariyin tangan in dalam dalam	ANNA BERADI BARANIA SANTANIA		Estate Rental
Name: Address:	ublishing		Hoghor
Address.			
	PART 3. OTHER SOUP	RCES OF INCOME	
List each source of income box.	e of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of	this form. Do not include gifts	or honoraria. If none, check the
☑ None 5	ocial Security Benepits	· ·	
######################################	Name and Address of Source	vosamo ezesami i i i i i i i i i i i i i i i i i i	Kind of Income (investments, leases, etc.)
uuntuun maanatuun maanatuun maanata maanata maanata maanata maanata sa		autojaan na na na marka seen ee made neelista ee masta ee alla terkeelista ka tii tii teeleelista seelista nee	:
Name:		•	
Address:	SIGNA MATERIAL SERVICE		ng paganaan resion of shirialala newy Minkey share shirk balari in barah makani ka k
Name:			
Address:			
Name:	h Marie for the contract of th	евенгина шааны шааны кашкей кылымды айын күн күрөөдүн 1 инд дөрөдүү күрөөдүү күрөөдүү дөрөдүү болгооруу дөрөдү	тор у добу и У У У при до на принавания выполня выполня вы выдат добо в добо в Асти-ди в на выводительной выполня выполня вы выполня выполн
Address:			X
	PART 4. REPORTAB	BLE LIABILITIES	
areas of economic activity	rs for any <u>unsecured</u> loans of \$3,000 or more of each creditor. Do not list credit card liable outlons, or business loans from regulated finance.	ilities, or educational loans, lo	ans from a relative, loans that were
None			
A CAMBO IN A STATE OF THE STATE	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:			
Address:		•	
Name:		d man to far free far the fall free free free free free free free fr	
Address:			:
	PART 5. REPORT	ABLE GIFTS	
List the specific source of	gifts received during the reporting period with a	an aggregate value of more tha	an \$300. If none, check the box.
None			
Nan Nan	me of Source of Gift	estentineestenesteneesteleesteleestalisteesteleesteleesteleesteleesteleesteleesteleesteleesteleesteleesteleest	Source of Gift
1.	3		
2.	4	general manufacture and annual state and the field from the state of t	marie mer en stade principale, e un unumpressionali informațium juma juma prințiele de prințiele de Prințiele d

PART 6	REPORTABLE HONORARIA
	or speeches related to your official capacity or duties. If none, check the box.
None	of specifica rotated to your emotion capacity of dutice. If notice, criedic the box.
Name of Source of Honoraria	Name of Source of Honoraria
Territori est	
1.	3.
2.	4.
PART 7. REPRESE	NTATION BEFORE STATE AGENCIES
List each executive branch agency before which you	or a member of your immediate family represented or assisted others for any. Indicate whether you or a family member appeared before the agency. If
None	
Name of Agency	Name of Agency
1.	3.
	O.
2.	4.
	INESS WITH STATE AGENCIES
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sold goods or services with a value in excess of r a family member sold the goods or services. If none, check the box.
None	
	Name of Agency
1.	. 3.
2.	4.
	- 4.
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kir	e of income of \$1,000 or more received by your spouse or domestic partner or ind of income represented. If your spouse or domestic partner received \$1,000 dry the job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income
77 · - A ·	1. I map and Contar 1. Employ ment
Name: Diane E. Dionne Job Title: Radiologic Technician	1. I maging Center 1. Employ most 2. X-1345, Managraphy 2.
Job Title: Radiologic Technician	3.
Dependent Child(ren) - Job Titles Only	
Job Title:	<u> </u>
Job Title:	
Job Title:	

DADT 10 OE	FICER OR DIRECTOR I	POSITIONS		<
List any for-profit or nonprofit corporation, firm, association held any office, trusteeship, directorship, or position of any tion was compensated. If a family member listed, indicate	, partnership or business in nature. Indicate whether	n which you or a m	d the position and wh	liate family ether the posi-
None	nd etwelsted symboliset enmoled 2 mag from te det the delived him det to black distribution of the high flood for from the second state of the first from the second state of the second state of the first from the second state of the second state	rasiolet (files f Gibba (files files f	et van de sjoet van de ste van de keer versche te versche ste de kiel van de beleek tit it de de ste van de s	60 6 6 6 6 6 4 6 6 1 combred 6 7 6 6 7 2 1 6 6 7 7 7 1 6 6 7 7 7 1 6 6 7 7 7 6 6 7 7 7 6 6 7 7 7 7
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Central Maine Healthcare 300 Main St Lewiston ME 04340	Chain	self	As on manufacture the state of	Yes
Cw m	Board Meute	Self		No
	SIGNATURE			
I affirm that the contents of this report are true, complete of the second of the seco		best of my know	edge. //O Date	
Subscribed and sworn (affirmed) to before me this _	13th day of MA	4	20 <u>/ D</u> .	
Signature of Notary Public/Atterney-at-law Typy	we Millon	-4	YNNE MCKENNEY	
My commission expires(Seal is optional) (Date)		Nelai My Commis	Y NNE MCKEMIL! / Public • State of Mar sion Expires Octobe	ine r 7, 2014
ADD	ITIONAL INFORMATIO	N		
Please provide any additional information below (and the information you are providing. Use additional page		needed). Indica	te the part or section	on number fo
Part/Section Number		ACCO PARTY (Part to Account of Ac		icka namez (PEV Zaros) v vod z Pev Sakonović z A. St. s. moduli
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