2009 Calendar Year



Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Title

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** 

Richord Dunn Department/Agency/Bureau/Division	DEputy Dire Work Phor	etor Business Services
Workers/Comp. Board	822-0	
Mailing Address, City, ZIP		
62 Elm St. Portlond	, He. 04(01	
		and the second of the second o
	VED FROM EMPLOYMENT BY AND	
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 of	or more. Specify the principal type of
☑ None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
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		т. Станут и при при при при при при при при при п
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PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMENT OR LAV	V PRACTICE
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major areas of econo essional association, or similar business	mic activity or practice from which you entity, list the major areas of economic
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:		÷
Address:		
Name:	S some and a standard of all applications of special participants appearance of any administration of the standard standard of the standard stan	
Address:		

PART 2 (continued). INCOME DERIVED FRO	M SELF-EMPLOYMENT
whichever is greater, and specify the principal type of economic activity of the entit	ty 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
None:	Annual Company to the last reference and the company and the c
Address:	
Name:	
Address:	
Name and Address of Source  Name and Address of Source  Address of Source of the Income the sech source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the lox.  None  Name and Address of Source  Name and Address of Source  Name and Address of Source  PART 4. REPORTABLE LIABILITIES sit the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major reads of contributions, or business loans from regulated financial institutions. If none, check the box.  None  Name and Address of Creditor  Name and Address of Creditor  Name and Address of Creditor  Principal Type of Economic Address.  PART 5. REPORTABLE GIFTS st the specific source of gifts received during the reporting period, and list the box.  None  Name of Source of Gift  Name of Source of Gift	
	Do not include gifts or honoraria. If none, check the
None None	
Name and Address of Source	
Name:	3
Address:	
Name:	: :
Address:	
Name:	· · · · · · · · · · · · · · · · · · ·
Address:	
PART 4. REPORTABLE LIAB	BILITIES
areas of economic activity of each creditor. Do not list credit card liabilities, or e	educational loans, loans from a relative, loans that were
None	
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE G	IFTS
List the specific source of gifts received during the reporting period with an aggregation	ate value of more than \$300. If none, check the box.
None	
	Name of Source of Gift
1. 3.	
2. 4.	

	REPORTABLE HONO		
List the source of any honoraria accepted for appearances	or speeches related to yo	our official capacity or duties.	If none, check the box.
None			
Name of Source of Honoraria	20-44	Name of Source of Ho	noraria
1.	3.		
2.	4.		
DADI 7 DEDDECE	NTATION BEFORE S	TATE ACENCIES	
List each executive branch agency before which you			od or assisted others fo
compensation of any amount other than your official sala none, check the box.	ry. Indicate whether you	or a family member appear	red before the agency.
<b>☒</b> None			
Name of Agency		Name of Agency	Ligaren papiras, accionis quantizas, actividas, en caria minima de minima mentra de sector de 1888 de 1880.
1.	3.		
2.	4.		
	:		
DADT 9 PHE	INESS WITH STATE	ACENCIES	
List each executive branch agency to which you or a men	<u> eren giller an de se len</u>	and the second s	with a value in excess o
\$1,000 during the reporting period. Indicate whether you or	noer of your infinediate i r a family member sold th	e goods or services. If none,	check the box.
None None	and the first state of the stat	ундамия станция объекту поделения у поделения станских одна в выподного выдраг чесные технология и том было во	даны модуулаган олу чиничиний жим учин часында одируулган олуу түү олуу жана жана өз өзүүлөөдөгү, учунчан
Name of Agency		Name of Agenc	
1.	3.	•	
2.	4.		
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PART 9. INCOME RECEI	The state of the s	<u> 20</u>	en de la companya de La companya de la co
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kear more of income, list his or her name and job title. List or not include gifts.	ind of income represente	d. If your spouse or domest	ic partner received \$1,000
No. 10 Page 10	Type of Econo		Vied of Issamo
Name of Spouse or Domestic Partner and Job Title	Representing So Recei	ved	Kind of Income
	E Dica.	407, 6	ployment
Name: Panela Dung	1. High Sc	200/ 1. J.	4/0/9
Name: Panela Dung  Job Title: School Secretory	2.	2.	
,	3.	3.	
Dependent Child(ren) - Job Titles Only	элтөө хайай гүйтээр хэр хэр хэр хэр хэр хэр хэр хэр хэр	Derversion for the Burger State and the State State of the State S	ны такжы сын байдан Беневен төмүү байсын королуу түрөө дөмүн такжы такжы байдан.
Job Title: Office Worker	Insura	nce E	eployment
Job Title: Fost Food wo,	ten foo	, d E,	-ployment
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	PART 10. OFFICER OR DIRECTOR POSITIONS					
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.						
None						
Organization/Bus and Address		Title	Position Held By:	Family Member's Name	Compen- sated?	
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Signature  Subscribed and sworn (affirmed Signature of Notary Public/Atter  My commission expires	ney-at-law 140	May ofV aboay	May.	-10 Date 2010. Caupre	Allen	
	ADDITIO	NAL INFORMATI	ION	<del>UKT - LEWING THE TOTAL</del>		
Please provide any additional interpretation the information you are providing	formation below (and on use additional pages.	additional sheets if necessary.	if needed). Indica	ate the part or secti	on number for	
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