

RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Webs

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

APR - 7 2010

MAINEETHICS 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 <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 SAMES DuscH Department/Agency/Bureau/Division ENJIRONMENTAL PROTECTION		Title DIRECTOR OF POLICY DEVELOPMENT \$ ZMRCEMENTATION Work Phone 287-8662		
PART 1. INCOME DERI	IVED FROM EMPLOYME	NT BY ANOTHE	ER STATE	
List the name and address of each employer from whom economic activity of each employer.	you received compensatio	n of \$1,000 or mo	ore. Specify the principal type of	
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PART 2. INCOME DERIVED F				
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 fist the major ar essional association, or simi	reas of economic a lar business entity,	ctivity or practice from which you, list the major areas of economic	
None	et a control of the c	entiglijes proposer in enemokrat 15 in Sommy proprieter in menor en bestelle termine	1.0 dot(p) + ad + bd + bp + ad + bd	
Name and Address of Business Entity or Law Firm	Major Areas of Econor Practice (sel	mic Activity/	lajor Areas of Economic Activity/ Practice ertnership, association, firm or similar business entity)	
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Address:				
Name:		Annual, Anna, Anna, Anna ann ann ann an Aireann ann ann an Aireann ann ann an Aireann ann ann ann ann ann ann		
Address:				

PART 2 (continued).	INCOME DERIVED FROM SELF-E	:MPLOYMENT
B. List each source of income derived from self-empl whichever is greater, and specify the principal type of form of disclosure is prohibited by law, rule, or an exactivity of the entity or person from whom the income w	economic activity of the entity or person established code of professional ethics, was derived.	n from whom you derived such income. If this, specify only the principal type of economic
Name and Address	s of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
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Address:		
Name:	nacional and an anti-site desired and an anti-site and an anti-site and an anti-site and a section of the site and a secti	
Address:		
PART 3	B. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed box.	in Parts 1 or 2 of this form. Do not incl	lude gifts or honoraria. If none, check the
⊠ None		
Name and Address	s of Source	Kind of Income (investments, leases, etc.)
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Address:		
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Address:		
Name:		
Address:		:
PART	4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not limade as campaign contributions, or business loans fro	ist credit card liabilities, or educational	loans, loans from a relative, loans that were
None		
Name and Address	s of Creditor	Principal Type of Economic Activity of Creditor
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Address:		
PA	ART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the repo		more than \$300. If none, check the box.
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2	4	Will report the results and the second secon

	EPORTABLE HONORARIA	
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2.	4.	
PART 7. REPRESENT	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 immedia Indicate whether you or a f	ate family represented or assisted others for amily member appeared before the agency. If
None	e Sing in the fill of the fill or the minimal principal control of the manages of the fill	
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PART 8. BUSIN	ESS WITH STATE AGEN	CIES
List each executive branch agency to which you or a member	er of your immediate family se	old goods or services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or a	family member sold the goods	s or services. If none, check the box.
None	and supplied to the last professional development of the last supplied of the last supplied to the last supplied t	To the contract of the contrac
Name of Agency		Name of Agency
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2. PART 9. INCOME RECEIVE		EDIATE FAMILY
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PART 9. INCOME RECEIVE 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 the source of the control of the	D BY MEMBERS OF IMMI of income of \$1,000 or more re of income represented. If yo	received by your spouse or domestic partner or our spouse or domestic partner received \$1,000 ren who received income of \$1000 or more. Do
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PART 10. OFFICER OR DIRECTOR 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	nature. Indicate wheth	er you or a family hel	d the position and whe	iate family ether the posi-		
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Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
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ADD	ITIONAL INFORMAT	TION				
Please provide any additional information below (and	d on additional sheets	s if needed). Indica	te the part or section	n number fo		
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