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MAINE ETHICS 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 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 Jill C. Dusc	Title Director						
Department/Agency/Bureau/Division Labor Bureau of Rehabilit	Work Phone 623-7942						
Mailing Address, City, ZIP 150 State Howe St		4333					
PART 1. INCOM	IE DERIVED FROM EMPLOYME	NT BY ANOTHER					
List the name and address of each employer fro economic activity of each employer.	m whom you received compensatio	n of \$1,000 or more. Specify the principal	type of				
None			America America Comunicado de Comunicación de				
Name of Employer	Address	Principal Type of Economic A of Employer					
city of Portland	389 Congress St. Portland, ME. 04101	Stipend FOR SERVICE NON-PARTISAN Elect Office (AT-LARGE COM	E IN Yed Neilnol				
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYME	NT OR LAW PRACTICE					
A. List the name and address of your business or derived income. If associated with a partnership, the activity or practice of that entity.	law firm, if any, and list the major ar irm, professional association, or simi	reas of economic activity or practice from whit lar business entity, list the major areas of eco	ich you onomic				
None			N. C. annua Nazari anting di Artania				
Name and Address of Business Entity or Law	Firm Major Areas of Econor Practice (sel						
Name: Address:							
Name:							
Address:							

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT
whichever is greater, and specify the principal type of economic activ	ictice that represents more than 10% of your gross income or \$1,000, wity of the entity or person from whom you derived such income. If this de of professional ethics, specify only the principal type of economic
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 SO	DURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	**************************************
Address:	
PART 4. REPORT	TABLE LIABILITIES
	nore that you received during the reporting period, and list the major liabilities, or educational loans, loans from a relative, loans that were nancial institutions. If none, check the box.
None	。
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: AlliANCE of ME FCU	CARDIT UNION;
Name: AlliANCE of ME FCU Address: AUGUSTA, ME	
Name:	
Address:	
PART 5. REPO	ORTABLE GIFTS
List the specific source of gifts received during the reporting period wi	th an aggregate value of more than \$300. If none, check the box.
None	
Name of Source of Gift 1.	Name of Source of Gift 3.
2.	4.

PART 6.	REPORTAE	BLE HONORA	RIA			
List the source of any honoraria accepted for appearances	********************		a arta, tylki sennyddyn de	or duties.	If none check the bo	·Υ
None	termin Nelsonial establishment comment (pergress megazio	et een voort to killing distribuities on Noordalis Noordon Albanoose yeeg van	en e	2012/AAM-120AAM-00AIIIIIIIIIIIAAAAAAAAAAAAAAAAAAAAA	enere e service de la company de la comp	
Name of Source of Honoraria	20000000000000000000000000000000000000	(1) http://doi.org/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/ (1) http://doi.org/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000	Name of So	ource of Hor	noraria	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
1.	S. S	3.	to (1900) of the control of the cont	ter der sternde deutster der der der eine generalie	terioris et munt, e e extravel e e di state et e l'el de tra de de di did de desde di desde di menumente pour q	HETS OF THE STATE OF THE
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2.		4.				
	:					
PART 7. REPRESE	NTATION B	BEFORE STAT	E AGENCIE	S		
List each executive branch agency before which you compensation of any amount other than your official sala none, check the box.	or a memberary. Indicate	er of your imme whether you or	ediate family a family mem	represented ber appeare	d or assisted others ed before the agenc	s for y. If
None	* and the second of the second	Amminer vol. Ammine American v zeroneg meggemeng egistet op egiste	(SALE MATERIAL CONTROL	den efferjægen fra merera from ef efregjøre effer	int family held of Art I return normalise summer or a second or	rameataratara.
Name of Agency		Aldman e e e e e e e e e e e e e e e e e e e	Name	of Agency	AllPaleded Wilhills As Ashanid elektronomen yazyan nyahiji yazaasii sa asia	AIALLOLINAA.
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2.	4			Tanking SANI Naman Walasa	and the second s	nancerarendezea
	·					
PART 8. BUS	INESS WIT	H STATE AGE	NCIES			
List each executive branch agency to which you or a mei	mber of your i	immediate family	y sold goods o	or services	with a value in exces	ss of
\$1,000 during the reporting period. Indicate whether you on None	F a family men	nber sold tile go	Ods or service	s. If none, o	check the box.	.mpmixnosiav.ime
	with metalon of the Commercial and Landau and Commission (Commercial Commercial Commerci	Normandatimississe et		of Agency	anned Neglikhara www.eur.eur.eur.eur.eur.eur.eur.eur.eur.eur	ellarundji disarinda) en
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	<u> </u>					
PART 9. INCOME RECEI	VED BY ME	MRERS OF IM	MEDIATE E	A RAIL V		
List the type of economic activity representing each source	applite for a substantia	ရေးရှိရှိလျှင်းပေါင်းမြောက်သည်။ လေးချင်းမျှင်းမှီ မေးမေးမ			or demestic partne	or or
dependent child(ren) during the reporting period and the k or more of income, list his or her name and job title. List or not include gifts.	ind of income	represented. If	vour spouse	or domestic	partner received \$1	000
Name of Spouse or Domestic Partner and Job Title		pe of Economic esenting Source Received		most 250 m/m in minimum	Kind of Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name:	1.			1.		
lob Title:	2.			2.		
on tine.	3.			3.		
Dependent Child(ren) - Job Titles Only	CTONES A MANAGEMENT OF THE STATE OF THE STAT	**************************************				
lob Title:				energe de la decembra de la companya de la company	and the state of the	
tob Title:	milinga mil produkt visuodad kallist gal nij 1922ad vekumun	anninga (hamisan katalan da katalan ka	transference and annual an	milion () and a state of the s	and the second second, to the second, to the second second second second second second second second second se	to proper part of the second pro-
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Job Title:						

PART 10. OI	FFICER OR DIRECTOR	R POSITIONS		\$2 XX
List any for-profit or nonprofit corporation, firm, association held any office, trusteeship, directorship, or position of artion was compensated. If a family member listed, indicate	ny nature. Indicate whethe	er you or a family held	d the position and wi	
None	² mins is 2.9 mins at a minima set factor and is standard a mondey fall absolutely a property of State and Libra Colo. C. L.	And to the found to make from the second second to the second second second second second second second second		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Nercy Hospital Batland, Mo	Member BottRd of DiRectors	Myself		No
University of Southern MainE Board of Visitors	Member Bd of Visitors	Myself		No
		thing an organization of the control		The state of the s
	SIGNATURE			
Signature Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) (Date)	25th day of Ma	3/2 rch	5/10 Date 20 <u>/0</u> .	
Please provide any additional information below (at the information you are providing. Use additional p			te the part or secti	ion number for
Part/Section Number		i 1984 si shiki shika	y fry pomosyn mongali nightyfy mafyr yn ni fy yn ar ym yn ann y a mae'u maesgy y	