

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								
Name  Joseph Tessender  Department/Agency/Bureau/Division  Marine Resources Burea  Mailing Address, City, ZIP	m of M	grine Patrol	Title Marine Work Phone 62	Patrul Colonel e 4-6580				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer economic activity of each employer.	r from whom y	you received compensation	n of \$1,000 or	more. Specify the principal type of				
None			VIIII PARAMETI I I I I I I I I I I I I I I I I I I	terbera den anno est, se seprement til statistick til 1900-saken stormatisk stormatisk statistick til 1900-saken stormatisk statistick statistick til 1900-saken stormatisk statistick til 1900-saken stormatisk statistick statis				
Name of Employer		Address		Principal Type of Economic Activity of Employer				
A. List the name and address of your business derived income. If associated with a partnersh activity or practice of that entity.	s or law firm, i	ROM SELF-EMPLOYMEI if any, and list the major are ssional association, or simil	eas of econom	nic activity or practice from which you				
Name and Address of Business Entity or L	Law Firm	Major Areas of Econom Practice (self		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)				
Name: Address:		And Andrews Control of the Control o	n (S. 11 - London and Administration of Administ	errormaniamen andre et the effect of the eff				
Name: Address:								

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	(MENT
B. List each source of income derived from self-employment or practice that represents more than 1 whichever is greater, and specify the principal type of economic activity of the entity or person from wf form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify activity of the entity or person from whom the income was derived.	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: Address:	
Name: Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the
Name and Address of Source	Kind of Income
	(investments, leases, etc.)
Name: Address:	
Name:	
Address:	
Name: Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, lo made as campaign contributions, or business loans from regulated financial institutions. If none, check	ans from a relative, loans that were
None	### APPOPEN PAPAN
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	A CONTRACTOR OF THE PROPERTY O
Address:	
Name:	POSTISSISSISSISSIA annon chairman ann ann ann ann ann ann an ann an t-àireann deann an t-àireann an t-àireann
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more tha	n \$300. If none, check the box.
Name of Source of Gift  Name of	Source of Gift
1. Name of source of six	
2. 4.	

	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances of	or speeches related to your official ca	apacity or duties. If none, check the box.
None	mmmades and solid file of the state of matter of all you and he had been been accommoded to the solid	and the second s
Name of Source of Honoraria	Name	e of Source of Honoraria 
1.	3.	
2.	4.	
	ITATION BEFORE STATE AGEI	
List each executive branch agency before which you or compensation of any amount other than your official salary none, check the box.	r a member of your immediate fa /. Indicate whether you or a family	amily represented or assisted others for member appeared before the agency. If
None	$e^{-i(\theta_1) + i(\theta_2) + i(\theta_3) + i(\theta_3)$	The manufacture of the second
Name of Agency		Name of Agency
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2.	4,	$q_{ij}(t) = \frac{1}{2} \left( \frac{1}{2} $
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	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immediate family sold go a family member sold the goods or s	oods or services with a value in excess of
None		STATES TO THE PROPERTY OF THE
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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.	d of income represented. If your spa	ause or dampetic nartner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	e Kind of Income
Name:	1.	1.
Job Title:	2.	2.
JOD TIDE:	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		Statement (1997) and the state of the state
Job Title:	A STATE OF THE STA	
Job Title:	NO company and a second and a s	

	PART 10. O	FFICER OR DIRECTOR	POSITIONS				
held any office, to	or nonprofit corporation, firm, association rusteeship, directorship, or position of an sated. If a family member listed, indicat	ny nature. Indicate whether	r you or a family hel	d the position and wh	liate family ether the posi		
None		aria Antonia (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906)	er i kartist et e e kartistan kristista kitalistan e kartinian i kartinian i kartist et kartinian kartist e e	is destinat accompany and the company and the company and an accompany and accompany and accompany and accompa			
Francisco Principal (Spanis Spanis Sp	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
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		YEEL-TYMAILER (V.D.)	#2Afrester	un tank e e en e proposition e en			
		SIGNATURE					
l affirm that the	contents of this report are true, com	plete and accurate to the	best of my know	ledge.			
Nove 54	ovent			~ / A			
	Verific Edward Signature		3-31-/0 Date				
		2154	as ba				
	d sworn (affirmed) to before me this	day of Ma	rell,	20			
	otary Public/Attorney-at-law	Vortes and the same of the sam	Me				
My commission (Seal is option	n expires <u>5-32-30 V</u> al) (Date)						
	AD	DITIONAL INFORMATIO	ON				
Please provide	any additional information below (a you are providing. Use additional p	nd on additional sheets i	f needed). Indica	te the part or section	n number fo		
Part/Section	you are providing. Ose additional p	ayes, ii necessary.	en kontinen kan kontinen kultura kulturi en k	t territorium territoria de la come a del de este estre estre de la constante en enquerga arrega			
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