

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

Office: 45 Memorial Circle, Augusta, Maine

APR - 8 2010

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

Fax: 207-287-6775

## 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 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		Title	The second control of
Avoren tisic	ет менен менен межение трайций гра напримення принага и принага принага принага принага принага принага принага	BUREAU	DIECTOR 92-0327
Department/Agency/Bureau/Division		Work Phone	62 - 1227
Mailing Address, City, ZIP	TION, LAND WATER QUALIT		
SHS #17 AUGUSTA	04333		
PART 1. INCOM	ME DERIVED FROM EMPLOYMEI	NT BY ANOTHER	
List the name and address of each employer freeconomic activity of each employer.	om whom you received compensation	of \$1,000 or more	e. Specify the principal type of
☐ None	The second secon	And the second s	The property of the second
Name of Employer	Address	Prin	cipal Type of Economic Activity of Employer
STATE OF MINE	SHS 17 AUGUSTA	04333	GOVERNMENT
	31407301 504 61 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	·
		J	
			·
PART 2. INCOME DE	RIVED FROM SELF-EMPLOYMEN	NT OR LAW PRA	CTICE
A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major are firm, professional association, or simila	eas of economic ac ar business entity, I	ivity or practice from which you ist the major areas of economic
X None	and a superior of the superior	AND THE STREET STREET,	99 e150cm columnique mentre con ante en compresso y 25.5 habitum con ante en e
Name and Address of Business Entity or Law	Firm Major Areas of Econom Practice (self)	nic Activity/	jor Areas of Economic Activity/ Practice tnership, association, firm or similar business entity)
Name:		Permitted in the Control of the State (Control of the Control of t	
Address:			
Name:			
Address:	MANAGEMENT OF THE PROPERTY OF	e e e e auto e	

PART	2 (continued). INCOME DI	ERIVED FROM SEI	F-EMPLOYM	ENT
B. List each source of income deriv whichever is greater, and specify the form of disclosure is prohibited by l activity of the entity or person from w	principal type of economic acti aw, rule, or an established co	ivity of the entity or pe	erson from whor	n you derived such income. If this
No.	Name and Address of Source			Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:			3 9 1	
Address:		THE CONTRACT OF THE CONTRACT O	remonitores sociales historica de Paris Servi Remesis (servicas e servicas)	
Name: Address:			. [	
Address:			- energiamental ( energy of the energy	
	PART 3. OTHER S	· · · · · · · · · · · · · · · · · · ·	TERRES MA JETA	
List each source of income of \$1,000 box.	or more <u>not listed</u> in Parts 1 or	2 of this form. Do no	t include grits or	r honoraria. It none, cneck the
None None		n delen er en	The state of the s	
	lame and Address of Source			Kind of Income (investments, leases, etc.)
Name:				
Address:				
Name:				
Address: '			:	
Name:	THE PROPERTY OF THE PROPERTY O	and Alexander (1994) - September		
Address:		,	Profit month gives	
	ters to g	TABLE LIABILITIE		
List the names of creditors for any areas of economic activity of each canade as campaign contributions, or limited to the contributions of the contributions of the canada and campaign contributions.	creditor. Do not list credit card	l liabilities, or education	onal loans, loan	is from a relative, loans that were
None None				
N	lame and Address of Creditor			Principal Type of Economic Activity of Creditor
Name:			e	
Address:				,
Name:		en variante de la communicación de la companya del companya del companya de la co	Millson AAA (AAC TO VI) Holm (AAC TO THE MIRROR THE MIRROR TO THE MIRROR TO THE MIRROR TO THE MIRROR TO THE MIRROR	and the state of t
Address:			·	
	PART 5. REP	ORTABLE GIFTS		
List the specific source of gifts receiv	ed during the reporting period v	with an aggregate valu	e of more than	\$300. If none, check the box.
None None	production of control of the control	- majurany en yenemana ya tanung sa yanan ga tanung sa		ele (1850-1974) (1870-1974) (1870-1974) (1870-1974) (1870-1974) (1870-1974) (1870-1974) (1870-1974) (1870-1974)
Name of Soun	Ce of Gift  Output Mellingsream in North all Cold Mellingsream and all all all all all all all all all al	3.	Name of So	ource of Gift
2.		4.	nder der der der der der der der der der	and the second and th

List the sourc	e of any honoraria accepted for all		ARIA EL MANAGERIA
<b>iX</b> i None	The state of the s	opearances or speeches related to your	official capacity or duties. If none, check the b
**************************************	Name of Source of Honorari		
and the second s	Name of Source of Florional	the control of the co	Name of Source of Honoraria
1.		3.	
		4.	The second secon
		<u> </u>	
	PART.7. F	REPRESENTATION BEFORE STA	TE/AGENCIES
List each ex- compensation none, check t	າ of any amount other than your ເ	which you or a member of your immofficial salary. Indicate whether you o	nediate family represented or assisted other a family member appeared before the agen
None	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	A CONTRACTOR OF THE PARTY OF TH	and the second
	Name of Agency		Name of Agency
1.		3.	The state of the s
CONTRACTOR OF THE CONTRACTOR O	hipotechina in process and the second of the	AND	
2.		4.	
ist each exe	cutive branch agency to which yo	RT 8. BUSINESS WITH STATE AG	ily sold goods or services with a value in exc
1,000 during	the reporting period. Indicate whe	ether you or a family member sold the g	poods or services. If none, check the box.
X None			
	Name of Agency		Name of Agency
		3.	N.
CHYPTICANA Vallation		4.	
		Hammer	The state of the s
	PART 9. INCOM	ME RECEIVED BY MEMBERS OF I	MMEDIATE FAMILY
ist the type o	ild(ren) during the reporting period	each source of income of \$1,000 or mod and the kind of income represented.	ore received by your spouse or domestic parties or domestic parties or domestic partner received \$ children who received income of \$1000 or more
ependent chi r more of inco	ome, list his or her name and job t 's.	title. List only the job title of dependent of	
ependent chi r more of inco ot include gifi	ome, list his or her name and job ti is. Spouse or Domestic Partner and J	title. List only the job title of dependent of Type of Economic	e of Income Kind of Income
ependent chi r more of inco ot include gift Name of S	ts. Spouse or Domestic Partner and J	Type of Economic Type of Economic Representing Source Received  1. EDUCATION (REC	e of Income Kind of Income
ependent chi r more of inco ot include gift Name of S	is.	Type of Economic  Job Title Representing Source Received	e of Income Kind of Income  15 אנופיז  15 אנופיז  15 אנופיז  16 אנופיז
lependent chi r more of incu r more of incu tot include giff  Name of S  lame: KAR  ob Title: Eau  Dep	ts. Spouse or Domestic Partner and J	Type of Economic  Type of Economic Representing Source Received  1. EDUCATION (REC  2. COPT AND ACQUIT  3.	e of income Kind of Income
nependent chi or more of inco not include giff Name of S Name: KAR	is. Spouse or Domestic Partner and J  EN FISK  UCATOR   EDITOR	Type of Economic  Type of Economic Representing Source Received  1. EDUCATION (REC  2. COPT AND ACQUIT  3.	e of Income Kind of Income  15 אנופיז  15 אנופיז  15 אנופיז  16 אנופיז

None Organization/Business and Address				
	Title	Position Held By:	Family Member's Name	Compen- sated?
KENNEGEC LAND TRUST	TRUSTEE	5ELF	And the state of t	No.
134 MAIN STREET		The state of the s	diameter and the second	
WINTHROP 04364		verenenii ili ili ili ili ili ili ili ili ili	The second section of the sect	
NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION IIG JOHN STREET LOWELL, MA 01852	CHAIR	Secf		Þδ
ASSOCIATION OF STATE AND INTERSTATE WATER POLLUTION CONTROL ASENCIES 1221 CONNECTICUT AVE, NW WASHINGTON, DC 20036	VICE- PRES.	Sect	The state of the s	No
	SIGNATURE			
Signature Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney at law My commission expires Seal is optional)  (Date)	ay of <u>Ap</u> ay of <u>Ap</u> an Boutel		Date 20/0.	
ADDITI  lease provide any additional information below (and o	ONAL INFORMATIO		te the part or section	on number for
e information you are providing. Use additional pages	s, if necessary.	needed). Indica	te the part of section	on number it
art/Section umber				
	<del>ika malais, animiki da karibaniaka</del> mbandika <u>saranda matami</u> k	. New restaur, quantum communitation and a second communitation and a secon		SAN SECULE SECTION SECTIONS
		,	• '	

PART 10. OFFICER OR DIRECTOR POSITIONS