

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 INFO	RMATION
Name PATRICK J. FLEMING	Title COLONEL: CHIEF
	Work Phone
Department/Agency/Bureau/Division DEPT. OF PUBLIC SAFETY, MAINE STATE POLI	
Mailing Address, City, ZIP 45 COMMERCE DRIVE, SUITE 1	
42 SHS, AUGUSTA, ME 04333	-0042
PART 1. INCOME DERIVED FROM I	
List the name and address of each employer from whom you received economic activity of each employer.	compensation of \$1,000 or more. Specify the principal type of
None	
Name of Employer Ad	Principal Type of Economic Activity of Employer
	a design reportation
PART 2. INCOME DERIVED FROM SELF-I A. List the name and address of your business or law firm, if any, and lis	t the major areas of economic activity or practice from which you
derived income. If associated with a partnership, firm, professional associativity or practice of that entity.	iation, or similar business entity, list the major areas of economic
None	
Name and Address of Business Entity or Law Firm Major Ar	eas of Economic Activity/ Practice (self) Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:	
Address:	
Name:	
Address:	

6 11 1 -61	- 1 1 1 mm	then 100/ of your gross income or \$1,000
whichever is greater, and form of disclosure is pro-	d it the principal type of aconomic activity at the en	presents more than 10% of your gross income or \$1,000 tity or person from whom you derived such income. If this sional ethics, specify only the principal type of economic
arraya di Aser and Aser Aser Aser Aser Aser Aser Aser Aser	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	- Control of the Cont	4 1
Address:		. !
Name:		
Address:		
	PART 3. OTHER SOURCES O	被分配。因此可以被自然制度。
List each source of incombox.	ne of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form	n. Do not include gifts or honoraria. If none, check the
None		
	Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:		and the second
Address:		
Name:		
Address:		
Name:		
Address:		
	PART 4. REPORTABLE LIA	
areas of economic activit	ors for any <u>unsecured</u> loans of \$3,000 or more that yo ty of each creditor. Do not list credit card liabilities, or ibutions, or business loans from regulated financial instit	ou received during the reporting period, and list the major educational loans, loans from a relative, loans that we tutions. If none, check the box.
None		
маская (дружим рэг на основа маска хоро и пойского х этийн ^{един} о основ учес о основ <u>хин одан о основа основа о</u> В	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		i
Name:		
Address:		
	DART F DEPORTABLE	CIETS
ist the specific source of	PART 5. REPORTABLE gifts received during the reporting period with an aggre	
None	gitte received during the reporting period with all aggree	
THE DIAMA		
	me of Source of Gift	Name of Source of Gift

Name of Agency Name of Agency 1. 2. A. PART 8: BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family sold 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 or services. If none, check the box. Name of Agency Name of Agency 1. 3. 2. 4. PART 9: INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY 2. 4. List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts. Name of Spouse or Domestic Partner and Job Title Representing Source of Income Received 1. Falvantian		PART 6. REPORTABLE HONORARIA	
Name of Source of Honoraria 1. 3. 2. 4. PART 7. REPRESENTATION BEFORE STATE AGENCIES List each executive branch agency before which you or a member of your immediate family represented or assisted others from none, check the box. Annone Name of Agency Name of Agency Indicate whether you or a samily member appeared before the agency. Annone Name of Agency Nam	List the source of any honoraria accepted for a	appearances or speeches related to your official ca	pacity or duties. If none, check the box.
2. 4. PART 7. REPRESENTATION BEFORE STATE AGENCIES List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Name of Agency 1. 3. 2. 4. PART 8, BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family soid goods or services with a value in excess of \$1,000 utring the reporting period. Indicate whether you or a family member soil the goods or services. If none, check the box. Manne of Agency 1. 3. 2. 4. PART 9, INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner except is the or more of income. Is this or her name and job title. List only the job title of dependent children with calended income of \$1,000 or more. Do not include gills. Name of Spouse or Domestic Partner and Job Title Type of Economic Activity Representing Source of Income Nicolated Street Control (Agency) 1. Education 2. 2. 3. 3. Departed Children) - Job Titles Only Libb Title: Maintenance Worker Summer Camp Employment	X None		
PART 7. REPRESENTATION BEFORE STATE AGENCIES List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. 1. 3. 2. 4. PART 8. BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 uning the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the boox. St. 1000 uning the reporting period indicate whether you or a family member sold the goods or services. If none, check the boox. 1. 3. 2. 4. PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received partner created \$1.00 or more or more income, list his or her name and job title. List only the job title of dependent children the received income of \$1000 or more. D not include gilts. Name of Spouse or Domestic Partner and Job Title Part 9. Type of Economic Activity Representing Source of Income Received income of \$1000 or more. D not include gilts. Type of Economic Activity Representing Source of Income Received income of \$1000 or more. D not include gilts. Dependent Children) - Job Titles Only Dependent Children) - Job Titles Only Dependent Children) - Job Titles Only	Name of Source of Honora	ria Name	of Source of Honoraria
PART 7. REPRESENTATION BEFORE STATE AGENCIES List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Name of Agency 1. 3. 2. 4. PART 8. BUSINESS WITH STATE AGENCIES. List each executive branch agency to which you or a member of your immediate samily sold 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 or services. If none, check the box. In Name of Agency 1. 3. PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY 1. 2. 4. List to the type of exonomic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner dependent children whore for income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts. Name of Spouse or Domestic Partner and Job Title Representing Source of Income Received 1. Education 1. Employment 2. 3. 3. Dependent Children) - Job Titles Only Dependent Children) - Job Titles Only	1.	3.	
PART 7. REPRESENTATION BEFORE STATE AGENCIES List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Name of Agency 1. 3. 2. 4. PART 8. BUSINESS WITH STATE AGENCIES. List each executive branch agency to which you or a member of your immediate samily sold 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 or services. If none, check the box. In Name of Agency 1. 3. PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY 1. 2. 4. List to the type of exonomic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner dependent children whore for income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts. Name of Spouse or Domestic Partner and Job Title Representing Source of Income Received 1. Education 1. Employment 2. 3. 3. Dependent Children) - Job Titles Only Dependent Children) - Job Titles Only			
List each executive branch agency before which you or a member of your immediate family represented or assisted others to compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Name of Agency Name of Agency Name of Agency Name of Agency 1. 2. PART 8, BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate tamily sold 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 or services. If none, check the box. Name of Agency 1. 3. 2. PART 9, INCOME RECEINED BY MEMBERS OF IMMEDIATE FAMILY 1. 3. 4. PART 9, INCOME RECEINED BY MEMBERS OF IMMEDIATE FAMILY At the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner dependent children who received the proving period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list its or her name and job title. List only the job title of dependent children who received income of \$1,000 or more received income of \$1,000 or more received file. Name of Spouse or Domestic Partner and Job Title Type of Economic Activity Representing Source of income Received Name: Nor leen Fleming 1. Education 1. Fimployment 2. 3. Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only	2.	4.	
List each executive branch agency before which you or a member of your immediate family represented or assisted others to compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. Indicate whether you or a family member appeared before the agency. Name of Agency Name of Agency Name of Agency Name of Agency 1. 2. PART 8, BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate tamily sold 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 or services. If none, check the box. Name of Agency 1. 3. 2. PART 9, INCOME RECEINED BY MEMBERS OF IMMEDIATE FAMILY 1. 3. 4. PART 9, INCOME RECEINED BY MEMBERS OF IMMEDIATE FAMILY At the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner dependent children who received the proving period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list its or her name and job title. List only the job title of dependent children who received income of \$1,000 or more received income of \$1,000 or more received file. Name of Spouse or Domestic Partner and Job Title Type of Economic Activity Representing Source of income Received Name: Nor leen Fleming 1. Education 1. Fimployment 2. 3. Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only		;	
compensation of any amount other than your official salary. Indicate whether you or a ramily member appeared before the significant concerns the box. A	PART 7.	REPRESENTATION BEFORE STATE AGE	NCIES
Name of Agency Name of Agency	List each executive branch agency before compensation of any amount other than your none, check the box.	which you or a member of your immediate far official salary. Indicate whether you or a family	amily represented or assisted others for member appeared before the agency. I
2. 4. PART 8 BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family sold 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 or services. If none, check the box. Name of Agency: Name of Agency: Name of Agency: 1. 3. 2. 4. PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner of dependent children during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Dinot include gifts. Name of Spouse or Domestic Partner and Job Title Representing Source of income Kind of income Received Name: Norleen Fleming 1. Education 1. Equication 1. Employment 2. 3. Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only Employment List the type of Economic Activity Representing Source of income Received The Education 1. Employment 2. 3. Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only	None		
PART 8: BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family sold 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 or services. If none, check the box. Name of Agency Name of Agency 1. 2. PART 9: INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of 10,000 or more received by your spouse or domestic partner of dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. D not include gifts. Name of Spouse or Domestic Partner and Job Title Representing Source of income Received 1. Education 1. Education 2. 3. Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only Employment Employment	Name of Agency		Name of Agency
PART 8. BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family sold 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 or services. If none, check the box.	·1.	3.	
List each executive branch agency to which you or a member of your immediate family sold 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 or services. If none, check the box. Name of Agency Name of Agency	2.	4.	
Name of Agency 1. 3. 2. 4. PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner of dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. D not include gifts. Name of Spouse or Domestic Partner and Job Title Name: Norleen Fleming Job Title: Asst Special Education Director Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only Summer Camp Employment	List each executive branch agency to which y \$1,000 during the reporting period. Indicate w	you or a member of your immediate family sold o	oods or services with a value in excess of
1. 2. 4. PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner of dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Domot include gifts. Name of Spouse or Domestic Partner and Job Title Name: Norleen Fleming Job Title: Asst Special Education Director Dependent Child(ren) - Job Titles Only Maintenance Worker Summer Camp Employment Employment			Name of Agency
PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner of dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner of or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Donot include gifts. Name of Spouse or Domestic Partner and Job Title Name: Norleen Fleming Job Title: Asst Special Education Director Dependent Child(ren) - Job Titles Only Maintenance Worker Summer Camp Employment Employment	A Company of the Comp	3.	ppy processing and a security and a security and process or a security security security security and a security and a security and a security security and a security securit
PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner of dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Donot include gifts. Name of Spouse or Domestic Partner and Job Title Type of Economic Activity Representing Source of Income Received 1. Education 1. Employment 2. 2. 3. Dependent Child(ren) - Job Titles Only Job Title: Maintenance Worker Summer Camp Employment		remed hado	
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts. Name of Spouse or Domestic Partner and Job Title Name: Norleen Fleming Job Title: Asst Special Education Director Dependent Child(ren) - Job Titles Only Dependent Child(ren) - Job Titles Only Summer Camp Employment Employment Employment		4.	
dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,00 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Dependent children who received income or settle special children who received income or settle special children who received income or settle special children who received inc	PART 9. INCO	ME RECEIVED BY MEMBERS OF IMMEDIA	TEFAMILY
Name: Norleen Fleming Job Title: Asst Special Education Director Dependent Child(ren) - Job Titles Only Maintenance Worker Representing Source of Income Received 1. Education 2. 2. 3. Dependent Child(ren) - Job Titles Only Summer Camp Employment Employment Employment	dependent child(ren) during the reporting peri-	nd and the kind of income represented. If your st	oouse or domestic partner received \$1,00
Dependent Child(ren) - Job Titles Only Dependent Worker Dependent Child Summer Camp Employment	Name of Spouse or Domestic Partner and	Job Title Representing Source of Incom	ne Kind of Income
Dependent Child(ren) - Job Titles Only Dependent Worker Dependent Child Summer Camp Employment		1	1
Dependent Child(ren) - Job Titles Only Job Title: Maintenance Worker Summer Camp Employment	Name: Norleen Fleming	2	± 2
Job Title: Maintenance Worker Summer Camp Employment	_{Job Title:} Asst Special Education I)irector	
	Dependent Child(ren) - Job Titles O	only	
Job Title:	Job Title: Maintenance Worker	Summer Camp	Employment
	Job Title:		
	Job Title:		

	PART 10. OFFICE	R OR DIRECTOR I	POSITIONS		
List any for-profit or nonprofit corp held any office, trusteeship, direct tion was compensated. If a family	oration, firm, association, part	nership or business in	n which you or a me you or a family held	tite position and win	liate family ether the posi-
X None	Limada 3900000000 kan egen yakan yama damamada nda 38600000 qoʻqoyga qaban Militariyo ye, iyama aqdan isab da	COLCET COMPANY AND			
Organization/E and Addr		Title	Position Held By:	Family Member's Name	Compen- sated?
	na zona Andrila			All little domination deliberation of the state of the st	
	verwitth unit	·			
	The Addition				
resolvation de la resolvation	AARIA Ammonto en arrivo			materials of the state of the s	
,	Of National Property of Proper	• •	-	And Address to the Angelon Control of the Ang	
The state of the s	in the state of th			Column of Actions Action	
		-	The state of the s	THE PARTY OF THE P	
	Per			ma, and another design of the second	
		SIGNATURE	na da		4 TE 470
如果那些成功。 	2023 S. S. C. C. C. S. C.	Hall table coordines, even with a six albump. 1.4	hoot of my knowl	odgo	1 . K. 1 . 4
I affirm that the contents of this	report are true, complete a	and accurate to the	best of my know	cago.	
P=100 35		•	4/17	2/10	-
Signature				Date	
	ir.			20 <i>_10</i>	۸.
Subscribed and sworn (affirm	A = A	day of Us		20 <u>///</u> .	\$ · ·
Signature of Notary Public/At	· V //	une Col			
My commission expires //	<u> </u>	- NOT	NE COLLINS ARY PUBLIC		
(Seal is optional)	(Date)		MAINE YON EXTRES 10/2020		
· · · · · · · · · · · · · · · · · · ·	ADDITIO	NAL INFORMATION	nermone and the		
				to the part or secti	on number for
Please provide any additional the information you are provid	information below (and on ing. Use additional pages,	if necessary.	needed). Indica	te the part of 300th	OH HOHOOT 191
Part/Section			P -		
Number	ų				
		•			
				• .	
·					
Community					