

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

Title

## 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** 

Denise Garlande		Associate CMMISSIONES			
Department/Agency/Bureau/Division DAFS - Service Centers		Work Phone		<b>4-7397</b>	
Mailing Address, City, ZIP  74 SHS AUGUSTA Ma	e 04333				
PART 1. INCOME DER	RIVED FROM EMPLOYMEN	T BY ANOT	HER		
List the name and address of each employer from whor economic activity of each employer.	n you received compensation	of \$1,000 or	more.	Specify the principal type of	
None	orbido dinastrono esta esta propriede de la companió de la companió de la companió de la companió de la compan	HPIRG-typ-respectable bear At 9 whill HVIII	NIIIII MARIANIA YALI AYA	haaretisteelijastelijastelijastiilisekiilisekiitokaaneeleesteleerijasteliilija, kiikii haadalliitiihekiikeestel	
Name of Employer Address		A DARWINI II AAAA AA	Principal Type of Economic Activity of Employer		
		PARAMETER ANN DESCRIPTION OF THE STATE OF TH	iline kongenen en en en en en	IIIIA AMIIIAA VAIIIII AN AAN AA MARTII AARAA AA	
		ASCACIIII OANIMA AARIMA AARIMA AARIMA AARI	iniwi Navelivi Vizine leje-		
PART 2. INCOME DERIVED I	FROM SELF-EMPLOYMEN	TORLAW	PRAC	TICE	
A. List the name and address of your business or law firn derived income. If associated with a partnership, firm, pro activity or practice of that entity.	n, if any, and list the major area ofessional association, or similar	as of econom r business en	ic activ	ity or practice from which you the major areas of economic	
☑ None	ak sakif bel kalaman mushan yang pelgigirki A Sambal di Balif bi Jamat musung pengamangan pengamakan pengan be	and purelly to \$15 per from a service part of many and a service per personal per personal personal personal a	eniolores from Analilità fe	ammuniya nanovani oʻras varayayad kiptigildi istimay turban nanovava vidamed kidab badi ildi muligizimini.	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Practice (self)	c Activity/	-	r Areas of Economic Activity/ Practice ership, association, firm or similar business entity)	
Name:				ere	
Address:		:			
Name:	er e	the state of the s	and the set of the section of the second the		
Address:					
	Yal				

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	/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 whom 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	or honoraria. If none, check the
box.  None	AND THE PROPERTY OF THE PROPER
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	the state of the s
Address:	
Name:	ay Allingan pengungan pengungan pengungan makan penanungan pengunuh berbadah dan dibunah dalam dalam membebadah
Address:	
Name:	
Address:	Communication of the Communica
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	oans from a relative, loans that were
None	index
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	99.00 (See See American Company) (See America
Address:	:
Name:	of high photographic material states and an extensive transfer to the compared
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more that	an \$300. If none, check the box.
None	
	Source of Gift
2. 4.	

PART 6. F	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances of	96 (14 miles in procession in the extreme control of the control o	pacity or duties. If none, check the box.
None	inak di melakai di di di permenjara penjara ya penjara palimakai melambi di melakai da bengaya sebena ya penjara pelikan melambi di melakai da bengaya sebena ya penjara pelikan melambi di melakai da bengaya sebena ya penjara pelikan melakai melakai di melakai da bengaya sebena ya penjara pe	IIImitalonishvelalatvelilätengegesetgegeseggeseggestytti VAVIIIIIIaliimiliimilatuskastusegenesaaasyteiaanna goot VIIIIIIIIIIIaliimiliimiliimiliimiliimilii
Name of Source of Honoraria	Transmitters and the account and project property that the light of the action of the account of	of Source of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESEN	NTATION BEFORE STATE AGEN	ICIES
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	or a member of your immediate far y. Indicate whether you or a family	mily represented or assisted others for member appeared before the agency. If
None		
Name of Agency		Name of Agency
1.	3.	
2.	4.	ANAMERIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate family sold god a family member sold the goods or se	ods or services with a value in excess of ervices. If none, check the box.
None		
Name of Agency	material property of the prope	Name of Agency
1.	3.	
2.	4.	
	VED BY MEMBERS OF IMMEDIAT	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts.	nd of income represented. If your spo	ouse or domestic partner 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.
	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		The Conference of the Conference of Parlament and Additional Conference of the Confe
Job Title:	on the state of th	Printpersional management of the state of th

	PART 10. OF	FICER OR DIRECTOR	R POSITIONS						
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.									
None									
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?				
4+12*N***********************************					Pulotude turna da Pada				
		SIGNATURE		Programme (Control of Control of					
I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.  3-24-10 Signature  Subscribed and sworn (affirmed) to before me this 24 day of March, 20 10.  Signature of Notary Public/Attorney-at-law  My commission expires (Seal is optional) (Date)									
ADDITIONAL INFORMATION  Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.									
Part/Section Number	one and the control of the control o	mpenggundin und servici sekisedus distribute de tribute de tribute de tribute de tribute de tribute de tribute Tribute de tribute de t	get to de temperature de temperature de temperature de temperature de temperature de temperature de temperatur La companya de temperature de temperature de temperature de temperature de temperature de temperature de tempe		ted seets distillueris on a new parenga on en un overening.  The distillueris of the seets of th				