

MAR 2 6 2010

WAINEETHICS 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	Title	Title					
M.F. Chip Gavin	Bureau	Bureau Director					
Department/Agency/Bureau/Division	∠ Work Phone	Morte Dhane					
Administrative and Financial Services / General Ser Mailing Address, City, ZIP	vias 207-1	207-624.7314					
77 State House Station, Augusta, ME 04333	-0077						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
None							
Name of Employer Address		Principal Type of Economic Activity of Employer					
		THIRD WITH THE PARTY OF THE PAR					
		and the state of t					
	* *						
	BPT2000/MsThehammad zenstvivnenn nagrezi gthekeft/QTQqqqIBA(d)bddilibAzzzensi	$e^{-i(x_1x_2^2+x_3^2+x_4^2+x$					
PART 2. INCOME DERIVED FROM SELF-EMPLO	YMENT OR LAW P	RACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.							
None	And the first of the second	raman promonipus Parlaman ana amandaga mandah filipahah fasimoh dapan paka kagiguspi majahan daja maja ya masa					
Name and Address of Business Entity or Law Firm Major Areas of Ed Practice	conomic Activity/	Major Areas of Economic Activity/ Practice partnership, association, firm or similar business entity)					
Name:		The state of the s					
Address:	:						
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 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 box.	or honoraria. If none, check the				
None					
Name and Address of Source	Kind of Income (investments, leases, etc.)				
Name:	(IIIVostinorita) idasos, oto-,				
Address:					
- Name:	ang dipundentah Andriah Andriah Aldriah Andriah Andriah Ang Allriah Ang Alllinde Ang Alllinde Ang Alllinde Andriah And				
Address:					
	edjagrammar romunga kadamturan matakan Arumoni dan Promasan kadamturan kan Kanan Kanan kada kada kada kada kada kada kada				
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 reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans from a relative, loans that were made as campaign contributions, or business loans from regulated financial institutions. If none, check the box.					
None	ж. Сот хот Хат бан бан от также том гот бат бан дан од бого до бого бан од бан од бого бого бого бого бого бого бого б				
Name and Address of Creditor	Principal Type of Economic Activity of Creditor				
Name:					
Address:					
Name:	aanaan-maaanaamii oo tii kiriiliin mitoon oo maa ahiin oo ka kiriin oo oo tiibii ii oo tii oo oo oo oo oo oo oo				
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	yazının göründi, ild ili işi yil in bir ərişinən yüz görüşü görün şanakan azında kaşışığı görü en anaşında şamın şahaşığığı. Ölük çü yüz görüşü				
$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	Source of Gift				
1. 3.					
2. 4.					

PART 6. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or sp	peeches related to your official capacity or duties. If none, check the box.				
☑ None	60-04-19-19-11-11-11-11-11-11-11-11-11-11-11-				
Name of Source of Honoraria	Name of Source of Honoraria				
1.	3.				
2.	4.				
PART 7. REPRESENTA	ITION BEFORE STATE AGENCIES				
List each executive branch agency before which you or a compensation of any amount other than your official salary. I none, check the box.	member of your immediate family represented or assisted others for Indicate whether you or a family member appeared before the agency. If				
None					
Name of Agency	Name of Agency				
1.	3.				
2.	4.				
	SS WITH STATE AGENCIES				
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a fa None	of your immediate family sold goods or services with a value in excess of amily member sold the goods or services. If none, check the box.				
Name of Agency	Name of Agency				
1.	Name of Agency 3.				
2.	4.				
PART 9. INCOME RECEIVED	BY MEMBERS OF IMMEDIATE FAMILY				
dependent child(ren) during the reporting period and the kind of	income of \$1,000 or more received by your spouse or domestic partner or f income represented. If your spouse or domestic partner received \$1,000 e job title of dependent children who received income of \$1000 or more. Do				
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income				
	Non-ProAt:				
Name: Andrea Krasker bavin	1. Hospice of Southern ME 1. Salary 2. Barbara Bysh Children's 2. salary				
Name: Andirea Krasker Gavin Job Title: Child life specialist rolenter Loordanter	2. Barbara Bush Children's 2. salary 3.				
Dependent Child(ren) - Job Titles Only					
Job Title:					
Job Title:					
Job Title:					

ø ş

	PART 10. OFFI	CER OR DIRECTO	R POSITIONS				
held any office,	fit or nonprofit corporation, firm, association, p , trusteeship, directorship, or position of any n ensated. If a family member listed, indicate yo	ature. Indicate whether	er you or a family hele	d the position and who			
⊠ None							
entergrand toward the enterland or south the extension of the desirable	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
					SON MARKET COMMENT OF THE SON OF		
				N.C. STANKE			
			M.	\$NENNA-riddillari			
Azərbildi ilmini Promoto Laturini mənərəsi və diribə də dərdi	renderen alla Net Alaman et un etala alaman araban araban araban araban araban generala egenera (2005), (2007)	19.2.2.2.2	traspalako kista eta esta esta esta esta esta esta es	the state of the s	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
				unavaetta			
		Change Control	Trunkelleniter	beist kalanova			
garannaga, prinspira, et efiniste est est est est est est est est est	$10^{-10^{-10^{-10^{-10^{-10^{-10^{-10^{-$	ad i generali ja jastajan satunnaja jantudu ja den janad unum ja suumaa janum satunnad ja	mandanis (k. p.	e de la productiva de la colombia del la colombia de la colombia de la colombia del la colombia de la colombia del la colom	huthanakutsakerahkutanasiji uu ujirauutan aizut, atajis, jijajis,		
				SPECIAL SECTION OF THE SECTION OF TH			
				andaderejelas			
		V. V	****	Zhiote no			
		SIGNATURE	v				
Laffirm that the	contents of this seport are true, complet	e and accurate to th	e best of my knowl	edae			
	MANNON						
V	WYX W		03/2	41 10			
	Signatúre			Date			
Subscribed and sworn (affirmed) to before me this 24 th day of March , 2010. Signature of Notary Public/Attorney-at-law Jenniful Merron							
Subscribed a	and sworn (affirmed) to before me this 🗘	day of	arch,	20 <u>10</u> .	•		
Signature of	Notary Public/Attorney-at-law	yng mer	<u>LOW</u>		. •		
My commiss		JENNIFER J. MEI	PP/W				
(Seal is optio	,	Notary Public • N	<i>l</i> laine				
	My (Commission Expires Sep	tember 17, 2016				
	ADDIT	IONAL INFORMATI	ON				
Please provid the informatio	e any additional information below (and on you are providing. Use additional page	on additional sheets s, if necessary.	if needed). Indica	te the part or sectio	n number for		
Part/Section Number							
ET-ATTACA, ATTACA, ATT	от в достовного под 15 год достовного в 15 го	- Newwell," 11,5 reliable % Sittle feat a Khawee feet belief in 1-15 fellow 45 bloks 5 Verenife & 976, besiden	\$\$\$2;20000\$\$\$4;0000000000000000000000000	PPP PPP PPP PPP PPP PPP PPP PPP PPP PP	turd bela trometro отвоенио та инверцију учивару у		
		•					