

Name

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APR - 6 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Title

Office: 45 Memorial Circle, Augusta, Maine

Almenie tatrice Direct

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

Karn Geraghty

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** 

Department/Agency/Bureau/Division	Work Pho	ne					
MPUC		217-287-3831					
Mailing Address, City, ZIP		,					
SHS 18, Angreta M	E 04333-0018						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 c	or more. Specify the principal type of					
None		terminativativativation on sea anno esta (timber) (timber					
Name of Employer	Address	Principal Type of Economic Activity of Employer					
		The state of the s					
	ompresser 1 No. 1914 A. Millians A. Salvar and Mr. Salvar (St. Millians St. Salvar and St. Salvar (St. Salvar and St. Salvar a	tte kinn tillinggapan men kalalit signing symme semenada sa 1985 1989 propose mener menerada 25 km s. s. s. s. T					
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DADTO MOOME BERNER T							
	ROM SELF-EMPLOYMENT OR LAW	·					
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major areas of econo essional association, or similar business of	mic activity or practice from which you entity, list the major areas of economic					
None	the first the sale of the original services and the sale of the sa						
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar					
		business entity)					
Name:							
Address:							
Name:	The second secon	Managaran ang pang dalam naman ang mang mang dalam kana managa mang pang pang pang naman sa pang naman sa pang					
Address:							

PART 2 (continued). INCOME DERIVED FROM	SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that repres whichever is greater, and specify the principal type of economic activity of the entity of form of disclosure is prohibited by law, rule, or an established code of professional activity of the entity or person from whom the income was derived.	or person from whom you derived such income. If this at ethics, specify only the principal type of economic
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 IN	IÇOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do	
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	,
Name:	
Address:	
PART 4. REPORTABLE LIABILI	ITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you recareas of economic activity of each creditor. Do not list credit card liabilities, or edu made as campaign contributions, or business loans from regulated financial institution	cational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	•
Name:	g g
Address: .	
PART 5. REPORTABLE GIFT	TS .
List the specific source of gifts received during the reporting period with an aggregate	value of more than \$300. If none, check the box.
None	MANIFER CONTROL OF THE STATE OF
Name of Source of Gift	Name of Source of Gift
1.	
2	The second secon

	REPORTABLE HO		
List the source of any honoraria accepted for appearances	or speeches related t	o your official capacity or duties.	If none, check the box.
None	TAMONT TANANCIA CONTRACTOR CONTRA	/MMIP (AMMinistration and wagering or the program in the program of the program	and the contract of the state o
Name of Source of Honoraria		Name of Source of Ho	onoraria
1.	3.		
2.	4.		
PART 7. REPRESE			
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 youry. Indicate whether	ur immediate family represente you or a family member appea	ed or assisted others for red before the agency. If
None .			mma neka meneralah salah s
Name of Agency	1994 Y 1986 MA 2005 MA MARKATA	Name of Agency	And the second fundamental places that is the second to the second or a permitted to the second of t
1.	3.		
2.	4.		
PART 8 RUSI	INESS WITH STAT	- *OPLOTE	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediat a family member solo	e family sold goods or services d the goods or services. If none,	with a value in excess of check the box.
☐ None	percentarion en		manyangan yang ang ang ang ang ang ang ang ang ang
Name of Agency		Name of Agency	PPANEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEMEENEEME
1. DHHS (Family member)	3.		
2.	4,	esta attividan dan attividan attivida attivida attivida attivida attivida attivida attivida attivida attivida a	
PART 9. INCOME RECEIV	ED BY MEMBERS	OF IMMEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir or more of income, list his or her name and job title. List only not include gifts.	nd of income represer y the job title of deper	nted. If your spouse or domestion and an armonic of the condent children who received incondent children who received incondent children who received incondent children who received incondent children who received inconde	c partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Representing 9	onomic Activity Source of Income ceived	Kind of Income
Name: Carol Relly Job Title: Consultant	1. meeting fa 2. strategic p	cilitation 1. Cons	sulting fees sulting fees
Job Title: Consultant	3.	3.	survy ces
Dependent Child(ren) - Job Titles Only	менения подпортного подпортного в подпортного в подпортного в подпортного в подпортного в подпортного в подпорт	The second of th	where $m_{ij} > 0$ and $M_{ij} > 0$ is the constant of $M_{ij} > 0$ and $M_{ij} > 0$ is the constant of $M_{ij} > 0$ in $M_{i$
Job Title:			er edissentreten vertricht das ist sich vorsche vorschen erhöhne der vertrichtelle vor de geneendenversgebieb, wer
Job Title:	CMEETING MAN - with a continue scrimente - crisigenza cieza (20 Albabeta hankilikaan suurus	(2.000000000000000000000000000000000000	k sekeran samangaggga magamig magamig sekeran seminanan samangan kanada saman-keranan magaminan me
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PART 10. OFFI	CER OR DIRECTO	R POSITIONS		هذه يوان
List any for-profit or nonprofit corporation, firm, association, held any office, trusteeship, directorship, or position of any r tion was compensated. If a family member listed, indicate y	nature. Indicate wheth	ner you or a family hel	d the position and who	iate family ether the posi-
None			- жаруу организация да байган да	and provide and an area and a second
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		THE STATE OF THE S	Prof. information	
	SIGNATURE			,,
I affirm that the contents of this report are true, comple	te and accurate to t	he heet of my know	ladra	•
Tallitti that the contents of the report all that, comple				
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Koven / Hagely			2.10	٠.
Signature <i>U</i>			Date	
		W. 1.	•	
Subscribed and sworn (affirmed) to before me this	day of	March.	20 <u>/0</u> .	,
Signature of Notary Public/Attorney-at-law	- 1 Pa	rul		
			NIFER PAUL	
My commission expires(Seal is optional) (Date)	nmission expires NOTARY PUBLIC MAINE			
(Sear is optionar) (Date)		MY COMMISSION	I EXPIRES JUNE 21, 201	14
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ADDIT	TIONAL INFORMAT	TION		
Please provide any additional information below (and	on additional sheets	s if needed). Indica	te the part or section	n number for
the information you are providing. Use additional page	es, if necessary.			
Part/Section	emperatura al marco e emperatura de esta en esta en esta en el marco en esta en esta en esta en esta en esta e	Transmittermen Value (1967 of File 1964) and College (1967 of 1967)		
Number	-			
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