2009 Calendar Year



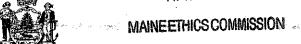
APR - 8 2010

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.

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Name	Title
DOMNA GIATAS	DEPUTY COMMISSIONER
Department/Agency/Bureau/Division	Work Phone
DAPT. OF ADMINISTRATIVE + FINANCIA	AL SALVICAS 207-624-7800
Mailing Address City, ZID	
78 SMM House STADIN	1, AUGUSTA, MR 04333
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PART 1. INCOME DERIVED FRO	M EMPLOYMENT BY ANOTHER
List the name and address of each employer from whom you receive economic activity of each employer.	red compensation of \$1,000 or more. Specify the principal type of
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Name of Employer	Address Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIVED FROM SEL	F-EMPLOYMENT OR LAW PRACTICE
A. List the name and address of your business or law firm, if any, and derived income. If associated with a partnership, firm, professional assactivity or practice of that entity.	list the major areas of economic activity or practice from which you sociation, or similar business entity, list the major areas of economic
None	
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)
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	PAR'	T 2 (continued).	INCOME DEF	RIVED FRO	M SELF-EI	MPLOYMI	ENT .		
whichever is graform of disclos	ource of income der reater, and specify the rure is prohibited by ntity or person from	he principal type of o Iaw, rule, or an e	economic activi stablished code	ity of the enti	ity or person	from whom	you derived	such income.	. If this
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		PART 3	OTHER SO	URCES OF	INCOME				
List each source box.	e of income of \$1,00	00 or more not listed	l in Parts 1 or 2	of this form.	Do not inclu	ide gifts or l	honoraria. If	none, check t	the
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PART 7. REPRESE  List each executive branch agency before which you	NTATION BEFORE ST	e successive descendentament "matin in m	and a control others for
compensation of any amount other than your official sala none, check the box.	ог а тенвег от усиг и ry. Indicate whether you	or a family member ap	ented or assisted outlets for peared before the agency. If
None			- Commented and the commented
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List each executive branch agency to which you or a men	SINESS WITH STATE A	emily sold goods or servi	ices with a value in excess of
\$1,000 during the reporting period. Indicate whether you or None	a family member sold the	goods or services. If no	one, check the box.
Name of Agency		Name of Age	encv
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PART 9. INCOME RECEIV	VED BY MEMBERS OF	IMMEDIATE FAMIL	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill or more of income, list his or her name and job title. List onlinot include gifts.	ind of income represented	<ol> <li>If your spouse or dom</li> </ol>	nestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Econom Representing Sour Receive	rce of Income	Kind of Income
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Name: FOR UND J. MCCANA)  JOB TITLE: DEPUTY COMMISSIONER  MAINE DUT OF LABOR	3.	3.	څخې ا
Dependent Child(ren) - Job Titles Only			
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Job Title:			ATTITUDE COMPANY OF THE CONTRACT OF THE CONTRA

	PART 10, OF	FICER OR DIRECTOR	POSITIONS		
held any office,	it or nonprofit corporation, firm, association trusteeship, directorship, or position of any nsated. If a family member listed, indicate	nature. Indicate whether your relationship and the	r you or a family hel name of the family	d the position and wh	diate family nether the posi-
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AND A CONTROL OF THE PARTY OF T	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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JAMK	S PANACOULIAS WALTY, INC	DINKETUR	SKLF		No
Subscribed and Signature of My commission (Seal is option Please provide	My Contact	JENNIFER J. MERRON Notary Public • Maine ommission Expires Septemb	April vi 1 v er 17, 2016	17 2010 Date 2010	on number for
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