

JUN 15 2010

Maine Ethics Commission

TEIVE 60MMISSION 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 Donna M Greeley (Gomley) Dir. of Education Outreach Department/Agency/Bureau/Division Department of Env. Potection (Commissioner) 287-5842 Mailing Address, City, ZIP 3865 UNION ST LEVANT, ME 0456								
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		Addre	SS	Principal Type of Economic Activity of Employer				
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE								
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								
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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E. List each source of income derived from self-employment or practice but represents more than 10% of your grass value with there is grower from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived. Principal Type of Economic Name and Address of Source Principal Type of Economic Address.	PART 2 (continued). INCOME DERIVED FROM SELF-EM	MPLOYMENT
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. Name: Address: Name: Address: PART 4. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more play use received during the reporting period, and list the major areas of geonomic activity of each creditor. Do not list credit financial institutions. If none, check the box. Name: Address: PART 4. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of geonomic activity of each creditor. Do not list credit cardious loans, loans from a relative, loans that were made, as campaign contributions, or business loans from regulated financial institutions. If none, check the box. Name: Address: Name: Address: PART 5. REPORTABLE GIFTS List the specific source of gifts received during the reporting period, and list the major areas of geonomic activity of creditor	whichever is greater, and specify the principal type of economic activity of the entity or person to form of disclosure is prohibited by law, rule, or an established code of professional ethics,	from whom you derived such income. If this
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PART 6. F	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances	or speeches related to your official capac	city or duties. If none, check the box.
None		
Name of Source of Honoraria	Name of Name of the Control of the C	Source of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENC	IES
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 family records. Indicate whether you or a family me	ly represented or assisted others for ember appeared before the agency. If
None		
Name of Agency	Na	me of Agency
1.	3.	*
2.	4.	
	P	ş ·
PART 8. BUS	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		
None		
Name of Agency	Na	me of Agency
1.	3.	
2.	4.	
in the second se		
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 ki or more of income, list his or her name and job title. List on not include gifts.	nd of income represented. If your spous	se or domestic partner received \$1,000
	Type of Economic Activity	
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Kind of Income
Name: Chris Greeley	1. legislative	1. Employment
Job Title: State legislater	2. 3.	2. 3.
Dependent Child(ren) - Job Titles Only	\$\$\tag{2}\$\$ \$\tag{2}\$\$	
Job Title: Administrative As St	FILL-me Studen	
Job Title: Full time Student		
Job Title:		

PART 10. OFFIC	ER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, particle any effice, trusteeship, directorship, or position of any nation was compensated. If a family member listed, indicate you	ture. Indicate whethe	r vou or a family held	the position and w	ediate family hether the posi-
None	HERENALISE BUT THE STATE OF THE	/		~~~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		Select		Select
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	SIGNATURE			
Signature Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney at law My commission expires (Seal is optional) (Date)	day of Jur n Boutil nn Badilier	De , 2	o 10.	
	ONAL INFORMATIO			
Please provide any additional information below (and or the information you are providing. Use additional pages	n additional sheets i s, if necessary.	f needed). Indicate	the part or sect	ion number for
Part Number			COCCESTO AND ECTION OF THE COCCESTORY OF THE COC	and the second
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