Office: 45 Memorial Circle, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19) WEETINGS COMMISSION

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 Jan Gwadosky		Title 1/2	ector			
Department/Agency/Bureau/Division Buller of Heaholic C	DEVERAGES	Work Phone	<i>187-83</i> 87			
Mailing Address, City, ZIP 8 Shate House Shakol	- Etallowell	ME 04347				
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	Vilomotigs and NATA (1980) III III III III III III III III III I	NORTH MET AND THE PROPERTY OF	Millahed estructured teacure de 804 (1904) 17 desimilionales de 801 de automates (1904) y 1€ (1904) 1806/1400 (1904) 1806 (
Name of Employer	Addre	ess	Principal Type of Economic Activity of Employer			
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	ermennen er					
PART 2. INCOME DE	RIVED FROM SELF-EM	PLOYMENT OR LAW I	PRACTICE			
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	or law firm, if any, and list the firm, professional association	ne major areas of economi ion, or similar business en	c activity or practice from which you tity, list the major areas of economic			
None	- Commence of the state of the	en et d'Ammely l'Phot et e majorite de la commencia de la commencia de la commencia de la commencia de la comm	and profession as a second control of the second			
Name and Address of Business Entity or Lav	v Firm Major Areas	s of Economic Activity/ ractice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)			
Name:		n meneral meneral meneral meneral meneral despetation de production de meneral meneral meneral de production d				
Address:						
Name:						
Address:						

PART 2 (continued). INCOME DERIVED FROM SE	ELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represent whichever is greater, and specify the principal type of economic activity of the entity or professional 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.	person from whom 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:	in the second second I
Address:	
PART 3. OTHER SOURCES OF INC	OME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do n box.	ot include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	er traditioner de la company de la compa La company de la company d
Address:	
Name:	THE MANAGEMENT AND
Address:	£
Name:	
Address:	
PART 4. REPORTABLE LIABILITI	ES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you receivareas of economic activity of each creditor. Do not list credit card liabilities, or educat made as campaign contributions, or business loans from regulated financial institutions.	tional loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	•
Name:	
Address:	/
PART 5. REPORTABLE GIFTS.	
List the specific source of gifts received during the reporting period with an aggregate val	
M None	
Name of Source of Gift 1. 3.	Name of Source of Gift
2. 4.	
-· · · · · · · · · · · · · · · · · · ·	

	EPORTABLE HONORARIA
	r speeches related to your official capacity or duties. If none, check the box.
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	
2.	4.
Martine Control of the Control of th	TATION BEFORE STATE AGENCIES
List each executive branch agency before which you or compensation of any amount other than your official salary. none, check the box.	a member of your immediate family represented or assisted others to a landicate whether you or a family member appeared before the agency.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 8. BUSIN	IESS WITH STATE AGENCIES
List each executive branch agency to which you or a membe	per of your immediate family sold goods or services with a value in excess a family member sold the goods or services. If none, check the box.
None	
Name of Agency	Name of Agency
1.	. 3.
	of the state of th
2.	4.
DADTO INCOME DECEIVE	
	ED 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 of of income represented. If your spouse or domestic partner received \$1,00 the job title of dependent children who received income of \$1000 or more.
	Type of Economic Activity
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Kind of Income Received

Job Title: France Controller	1. TApez Company 1. Employment
Job Title: Enera Da troller	2.
1 100 ACC	3.
Dependent Child(ren) - Job Titles Only	
Job Title:	and the second s
Job Title:	
Job Title:	

PART 10. OFF	ICER OR DIRECTO	R POSITIONS		
List any for-profit or nonprofit corporation, firm, association, held any office, trusteeship, directorship, or position of any tion was compensated. If a family member listed, indicate	nature. Indicate whether	er you or a family held	d the position and who	
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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	4			
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	SIGNATURE			
I affirm that the contents of this report are true, comple	ete and accurate to th	ne best of my knowl	edge.	
		2/21	///>	
Signature		3/29	Date	7
Subscribed and sworn (affirmed) to before me this	24 day of Me	tell	20 / ° .	
Subscribed and sworn (affirmed) to before me this	try Rfan	2	<u></u> -	
My commission expires	/	TIMOTHY R. POULIN		
(Seal is optional) (Date)	May Co	Notary Public, Maine mmission Expires May		
ADDI	TIONAL INFORMAT	ION		
Please provide any additional information below (and the information you are providing. Use additional page		if needed). Indica	te the part or section	n number for
Part/Section Number	у урган заначан оста эт заначан оста заначан оста дошин от доста доста доста доста доста доста доста доста доста	e de la companya de l	ad kemilanda kepinjamenda pengupun kelajada danmada kenandan pengungan pengungan pengungan pengungan beranggi	\$
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