2009 Calendar Year





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 <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									
Name	Σ		Title LIC L Work Phone	Bur of Barks : 1/11/28					
Mailing Address, City, ZIP 22 State House Station, Augusto, Me 04333									
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.									
	Non-monorary or all and the second se		ф1-о7-о7-б-с-н-ст-гр-«Необ«Тихиоб«««НШихоло» Мах	1984 (November 14 February 1984) (1994 (1984 (19					
Name of Employer	North of the Advanta Mallin Holling Hardelling Workship Hardelling	Address	AAAAAAATTINII AAAAAAAAAAAAAAAAAAAAAAAAAA	Principal Type of Economic Activity of Employer					
State of MAINE Deportment of Conserver	7w 22 SA	5, Auguste,	M	State Court					
		NO-0000-000000 data-amamananananananananananananananan	t and the delimentary and a second a second and a second	MANAGEMENT STANDARD CONTRACT S					
PART 2. INCOME D A. List the name and address of your business									
derived income. If associated with a partnershi activity or practice of that entity.	p, firm, professional a	association, or similar	business en	tity, list the major areas of economic					
None	Principal Control of the State	t timbot kalanman kemunuk engapungan kengganggan panggan panggan kumasa kangan sa pangga	n 11 timbel kennyen manangan panganga pangangan pangangan pa	illiid kalannaa ja ka anga ka ja					
Name and Address of Business Entity or La	aw Firm Maj	or Areas of Economic Practice (self)	Activity/	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)					
Name: Address:			:						
Name: Address:									

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment or practice that represents more than 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.	hom 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:	oorsalahaada (Shiring William) ya garaga (Shiring ara ara ara ara ara ara ara ara ara ar
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	s or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	тория ж. С. До до до долого, у водо до до ущини възнавище възнавит на выдо до д
Address:	
Name:	en e
Address:	
	anggan pagapapangan ang ang ang ang ang ang ang ang an
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 areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans are as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	eeggpassaassa eermalaanah oo
Address:	
	ing digital ing ing diadayan Net in makumun ang ang ang ang ang ang ang ang ang an
Name: Address:	1
Autros.	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more the	an \$300. If none, check the box.
None	and the second s
	F Source of Gift
1. 3.	n popularing design production of the contract
2. 4.	

PART 6. F	REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances of	ant de la company	y or duties. If none, check the box.						
☑ None	on beginning to the contract of the contract o	y Of tallies. If Hope, officer the 25th						
Name of Source of Honoraria	Name of Se	ource of Honoraria						
1.	3	OUT OO OT I TOTAL AT THE STATE OF THE STATE						
2.	4.	enter en						
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	s						
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 y. Indicate whether you or a family mem	represented or assisted others for other appeared before the agency. If						
None	$a_{ij}(s_i, t_i, t_j, t_j, t_j, t_j, t_j, t_j, t_j, t_j$	egilat open open men som krig symphole mot a delore i mar en annærege program i krigstilskeleder har men annære open open i 1,1792/2000						
Name of Agency	NOMERICANI PROGRAMMA PROGR	e of Agency						
1.	3.							
2.	4.	NIII MININ ANNAMA AMERIKAN PERINANGAN PERINANGAN BIRANGAN BIRANGAN PERINANGAN PER						
PART 8. BUSINESS WITH STATE AGENCIES List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.								
None	and the state of t							
Name of Agency	Name	e of Agency						
1.	3.							
2.	4.							
PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do								
not include gifts.	y the job title of dependent children who re-	ceived income of \$1000 of friore. Do						
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income						
Name: Bonnie Harris Job Title: Personnel Manager	1. Jeman Resources Mat.	1. Salony 2.						
Job Title: Personnel Manager	3.	3.						
Dependent Child(ren) - Job Titles Only								
Job Title:		er (the state of the state of t						
Job Title:	Name the second of a figure and the second of the second o							
Job Title:								

	PART 10. OF	FICER OR DIRECTOR	R POSITIONS		
held any office,	fit or nonprofit corporation, firm, association trusteeship, directorship, or position of any ensated. If a family member listed, indicate	y nature. Indicate whethe	er you or a family held	d the position and wh	liate family ether the posi-
™ None					
And Angeles and An	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		William Company			
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i amirm that the	e contents of this report are true, comp	piete and accurate to in	le best of my know	leuge.	
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<u>—fulls</u>	<i>Signature</i>		<u> Mara</u>	<i>4. </i>	
		w			
Subscribed a	and sworn (affirmed) to before me this		MCCH_,	20 <u>10</u> .	
Signature of	Notary Public/Attorney-at-law/		UARA	R STEX	jejs,
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(Seal is option	onal) (Date)	······································			
	ADI	DITIONAL INFORMAT	ION		
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