

APR - 6 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Director of Electrical

Work Phone

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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

Faith Huntington

Department/Agency/Bureau/Division

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

Puc		281-3831			
Mailing Address, City, ZIP					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER					
List the name and address of each employer from whom y economic activity of each employer.	you received compensation of \$1,000 c	or more. Specify the principal type of			
— Но пе	unggangarap gamu, pamungan nanggampanangangan kananan kananan kanan dan kanan dan kanan dan kanan kanan kanan k	and analysis about the delection of 1.9% and 2 delection of the Collection of the Co			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
entro comercio de la comercia de la					
PART 2. INCOME DERIVED FR	OM 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)			
Name:					
Address:					
Name:					
Address.					

PART 2 (continued). INCOME DERIVED FROM	SELF-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 form of disclosure is prohibited by law, rule, or an established code of profession activity of the entity or person from whom the income was derived.	or person from whom you derived such income. If this hal 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	
Name: Address:	
Name:	
Address:	
PART 3. OTHER SOURCES OF II	NCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. D box.	o not include gifts or honoraria. If none, check the
₩ None	ти от можения выполняем то из от от одоле, и се от
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABIL	ITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you re areas 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. None	icational loans, loans from a relative, loans that were
Name and Address of Creditor	Principal Type of Economic
Name and Address of Oredion	Activity of Creditor
Name:	
Address:	
Manage	
Name: Address: .	
PART 5. REPORTABLE GIFT	rs
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	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	

PART 6. RE	PORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeches related to your official c	apacity or duties. If none, check the box.
None		
Name of Source of Honoraria	Nam	e of Source of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESENT	ATION BEFORE STATE AGE	NCIES
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 indicate whether you or a family	family represented or assisted others for ymember appeared before the agency. It
None		
Name of Agency	er transfer men de de de transfer en en de de de de transfer et de	Name of Agency
1.	3.	
2.	4,	

PART 8. BUSIN	ESS WITH STATE AGENCIES	
List each executive branch agency to which you or a membe \$1,000 during the reporting period. Indicate whether you or a None	er of your immediate family sold g family member sold the goods or s	poods or services with a value in excess of services. If none, check the box.
Name of Agency		Name of Agency
1.	3.	
3	an And Carrier and Control of the Control of Manager (Control of Angeles Agency of Control of Angeles A	en de la companya de La companya de la co
2.	4.	
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIA	ATE FAMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only the not include gifts.	of income represented. If your sp	pouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Incon Received	ne Kind of Income
Name:	1.	1.
Job Title:	2.	2.
ood Tale.	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: Grocery Store Employ	nel-	
Job Title:	<i>)</i>	
Job Title:		

PART 10. OF	FICER 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 hel	d the position and who	
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		•		
	: : ;			
	i	:		
	and the second s			
	SIGNATURE			
I affirm that the contents of this report are true, comple	****			
Signature Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) (Date)	25 day of	Parch Paul	Date 20 <u>/ Ø</u> .	
ADDI	TIONAL INFORMATI	ON	··· · · · · · · · · · · · · · · · · ·	
Please provide any additional information below (and the information you are providing. Use additional page		if needed). Indica	te the part or sectio	n number for
Part/Section		•	•	•
Number				