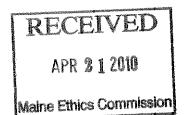
2009 Calendar Year





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.

EMPL	OYEE INFORMATION		
Name MARK HYLAN	∇	Title BVKEAU	Director
Department/Agency/Bureau/Division	en egene en	Work Phone 207 こそ	37-7890
Mailing Address, City, ZIP 185 RANGE HILL R	D- POLAI		titata terta italia, italia kanana kampenyenyenye ya kanana talia ya wasa kanana ya ya ya ya kanana ka ka
PART 1. INCOME DERIV	ED FROM EMPLOYMEN	NT BY ANOTHER	
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation	of \$1,000 or more. Specify	y the principal type of
None	. PO ANT INTERPREPARATION AND THE CONTRACT OF		Brushovana;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Name of Employer	Address		of Economic Activity Employer
	er (1 organis) e e e e e e e e e e e e e e e e e e e	And the state of t	одинатичности на принценти на пр
	Surgery LTM Surgery Hamilton and Article Articles (Section 1988) And Articles (Section 1984) And Articles (Section		(PMANISTA IIIIIIIIIIIIIIIIIIIIIIIIAA AAAAQIII IIIIIIII
	programsholosuurnan uppaagis uunnissaassa ja		
			apaliteinin maarataallindik paramilla kansul maariin oo jeruu waxaliinik dailiin artimmatiini
PART 2. INCOME DERIVED FRO			
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, professociaty or practice of that entity.	any, and list the major are sional association, or simila	eas of economic activity or pro ar business entity, list the ma	actice from which you jor areas of economic
None			order (f. deuts), en emmente de propriete en des proprietes de la marco en este en este en este en este en est
Name and Address of Business Entity or Law Firm	Major Areas of Econom Practice (self)	ic Activity/ (partnership, as	of Economic Activity/ Practice sociation, firm or similar liness entity)
Name: MARK HYLAND	SOILS EVAL	VATIN	mar o erestatus kuning (1 (egg egg) tumus (a pe tematur emmang pegtas) muu muusessa mu
Address: 185 PAMER HICL RD 4274	SEPTR SYSTE	n Desical	
Name:			
Address:			

	PART 2 (continued). INCOME DERIVED FR	OM SELF-EMPLOY	MENT
whichever is greater, and s form of disclosure is prohil	ome derived from self-employment or practice that re pecify the principal type of economic activity of the er bited by law, rule, or an established code of profes on from whom the income was derived.	ntity or person from wh	om 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:		overligings in Andrews (Antique 2005 Chan Antique Andrews Transfer Antique Ant	
Address:			
	PART 3. OTHER SOURCES (OF INCOME	
List each source of income box.	of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this forr	m. Do not include gifts	or honoraria. If none, check the
	Name and Address of Source	an kuta an kanan kanan kanan kanan kenan kenan kanan kanan kanan kenan kenan kanan kanan kanan kanan kanan kan	Kind of Income (investments, leases, etc.)
Name:	geregen general mengen gana andar seperal mengen general mengen anna dan andar di antita di anti	z z z z z z z z z z z z z z z z z z z	maadireeriiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Address:			
Name:		ogese y surgener) hann did diskustarte konklinde v Nedi Alex Nierdade kattillensen Politick Addition	AMBANINGAN, Tapapa, qara argaada iliahalan 1999. Hari ilia anada milkashirah 1904. Milli Millian 1918. Millian da Kabari Millian Ilia Nashira da Manifesta Millian Ilia Nashira da Millian Ilia Nashir
Address:			
www.www.manachanachanachanachanachanachanachanac	$p_{ij}(x_{ij}) = p_{ij}(x_{ij}) + p_{i$	k (miles) yannan manan markat kalanda kelemak kelemak kelemak kelemak kelemak kelemak kelemak kelemak kelemak k	
Address:			
	PART 4. REPORTABLE LIA	ABILITIES	
areas of economic activity made as campaign contribu	of each creditor. Do not list credit card liabilities, or utions, or business loans from regulated financial institu-	r educational loans, lo	ans from a relative, loans that were
None	Name and Address of Creditor	этий езенттин пава ута ашкетин «Дициканданна» Далатаад езеренизгад админен 20 дал	Principal Type of Economic Activity of Creditor
grappes and colored to provide an executive and 1200 and 1200 are transfer to 1200 are		elementaria (1774) (1774) element distributi lipungan manda manda transformati menderi kebulan sebagai sebagai	Activity of ofecunor
Name: Address:		•	
zzanakapantentekonzentekontekseksekseksekseksekseksekseksekseksekse		oodumuungaa uuruuna ka mindhamidhamidhaa di mindha Padridda da ka	AND CONTRACTOR OF THE CONTRACTOR
Name: Address:			
7.001000.			
	PART 5. REPORTABLE	GIFTS	
List the specific source of g	ifts received during the reporting period with an aggre	egate value of more tha	in \$300. If none, check the box.
None			og aksigaksyssen og av ennemmelde pogselsjelsels sigte forsten en og en sjelselsjelselselselsels for goderne sjelselselselselselselselselselselselselse
Nam 1.	e of Source of Gift 3.	Name of	Source of Gift
nga kamang a 19 ang kanggapananana dipaba kanggaranggaran animinin a sasana sasanananan		Spirit from A principle of the Control of the Contr	
2.	4.		

None	r speeches related to your official capacity or duti	es. If none, check the box.
None in the	some quality (0.00000000000000000000000000000000000	ES. H HORE, GHOOR THO DON.
Name of Source of Honoraria	Name of Source of	Honoraria
1.	3.	and major settlet and the edition of an energy to the set that the transport of property behavior to be bounded
2.	4.	на институту одна (турна друга на 1 га павина 1990) (4 градов) байда с на цавароворо на разгова с на настите
PART 7. REPRESE	TATION BEFORE STATE AGENCIES	
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	a member of your immediate family represe	ented or assisted others for beared before the agency. If
None		$[p]^{(a_1,a_2,a_3,a_4,a_5,a_5,a_5,a_5,a_5,a_5,a_5,a_5,a_5,a_5$
Name of Agency	Name of Age	AND CY TO CY AND CONTROL OF THE AND
1.	3.	Section (In Section Control of Co
		or one BAIABUSANASSISSISSISSISSISSISSISSISSISSISSISSISSI
2.	4.	HARM MATERIAL TO THE STATE OF T
PART 8. BUSI	IESS 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	er of your immediate family sold goods or servic family member sold the goods or services. If nor	es with a value in excess of ne, check the box.
Name of Agency	Name of Age	n cy
1.	3.	April 16 Co.
	and the second s	· · · · · · · · · · · · · · · · · · ·
2.	4.	Normanina (III de Republica (III de III de III I
2.	4.	
	D BY MEMBERS OF IMMEDIATE FAMILY of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in	ofic norther received 64 000
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only	D BY MEMBERS OF IMMEDIATE FAMILY of income of \$1,000 or more received by your sp	ofic norther received 64 000
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title	D BY MEMBERS OF IMMEDIATE FAMILY of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received	estic partner received \$1,000 ocome of \$1000 or more. Do Kind of Income
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title Name: FAYE LWPPI	of income of \$1,000 or more received by your spot income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received	estic partner received \$1,000 acome of \$1000 or more. Do
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title	D BY MEMBERS OF IMMEDIATE FAMILY of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received 1. UMBERGUND 1. 1. 1	estic partner received \$1,000 ocome of \$1000 or more. Do
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title Name: FAYE LWPI JURECTOR	of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received 1. CVMBERGAND 2. 2. 2.	estic partner received \$1,000 ocome of \$1000 or more. Do
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title Name: FAYE LWPPI	of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received 1. CVMBERGAND 2. 2. 2.	estic partner received \$1,000 ocome of \$1000 or more. Do
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title Name: FAYE LWPI JURECTOR	of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received 1. CVMBERGAND 2. 2. 2.	estic partner received \$1,000 ocome of \$1000 or more. Do
PART 9. INCOME RECEIV List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts. Name of Spouse or Domestic Partner and Job Title Name: FAYE LWPPI Job Title: (1) PROJECT DURECTOR Dependent Child(ren) - Job Titles Only	of income of \$1,000 or more received by your sp of income represented. If your spouse or dome the job title of dependent children who received in Type of Economic Activity Representing Source of Income Received 1. CVMBERGAND 2. 2. 2.	estic partner received \$1,000 ocome of \$1000 or more. Do

of the

MAINE BAK FOUNDATION DIRECTOR FAFE WIFE 40 WATER ST. HAILOWELL ME DIRECTOR FAFE WIFE PARTNERS OF THE AMERICAS DIRECTOR FAFE WIFE BURENTWOOD ST. SCHROBOLLI RUSSIAN-AMERICAN RULE & DIRECTOR FAFE WIFE CAN CONSORTIUM SC THOMAS ST. PORTLAND SIGNATURE I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.	Compensated? NO NO NO
AND THE AST WAS TO MANDESMEN DIRECTOR MARK OFFICIALS ASSN, ROSTON, MA DIRECTOR MARK HYLAMO MAINE BAK FOUNDATION DIRECTOR FAYE LUBBI WIFE AD WATER ST. HAILOWELL ME DIRECTOR FAYE LUBBI WIFE IS BRENTWOOD ST. SCHROKOLLI RUSSIAN - AMERICAN RULES DIRECTOR FASE WIFE CAN CONSORTIUM SC THOM AS ST. PORTLAND SIGNATURE I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.	sated? N 6 N 0
PARTNERS OF THE AMERICAS DIRECTOR FACE, WIFE RUSSIAN-AMERICAN RUES DIRECTOR FACE WIFE CAN CONSORTIUM, SC THOMAS ST. PORTLAND SIGNATURE Laffirm that the contents of this report are true, complete and accurate to the best of my knowledge.	NO
PARTNERS OF THE AMERICAS DIRECTOR FACE, WIFE RUSSIAN-AMERICAN RUES DIRECTOR FACE WIFE CAN CONSORTIUM, SC THOMAS ST. PORTLAND SIGNATURE Laffirm that the contents of this report are true, complete and accurate to the best of my knowledge.	NG
PARTNERS OF THE AMERICAS DIRECTOR FACE, WIFE RUSSIAN-AMERICAN RUES DIRECTOR FACE WIFE CAN CONSORTIUM, SC THOMAS ST. PORTLAND SIGNATURE Laffirm that the contents of this report are true, complete and accurate to the best of my knowledge.	
SIGNATURE I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.	N &
SIGNATURE I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.	medicanamy, dend and dend eligibeth of Anhanssa kan
I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.	
I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.	
Signature Subscribed and sworn (affirmed) to before me this day of April, 20/0. Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) (Date)	
ADDITIONAL INFORMATION	
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section the information you are providing. Use additional pages, if necessary.	number fo
Part/Section Number	
	y

PART 10. OFFICER OR DIRECTOR POSITIONS