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.

EMPLO	TEE INFORMATION					
Paul F Jacques	Title Depu	Ly Commissioner				
Department/Agency/Bureau/Division	Work Phon					
I was fisheres and wild	287 287	-5216				
Mailing Address, City, ZIP	The appropriate of the second section of the second secon					
Juliand fisherers and Wild Mailing Address, City, ZIP 284 State Street Augusta	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.						
None		N Media Media Mik Vira ilitari 7.1 milata wana iliin Nilli iliin wallan (ilidebi Admiro Admiro) Hasabania Afrika in da				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
	MANNY PRANTIKANANALIPUNUKANANI PUNUKANI PUNUKANI MINYA M	mikikari i kilinki iriki kikili kido kiri kir kiri kindadi kiri kiri kanparanang paranang pracapang ri manggong pripa pripang parang parang pilili kin				
PART 2. INCOME DERIVED FRO	M 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:	philograph pal pal pal pal pal pal pal pal timber (philograph at remaind remaind remaind and part part pal part	timen tra mes un securir um merocomunicacioni municipali proprieta proprieta proprieta proprieta proprieta pro				
Address:						
Name:						
Address:						

PART 2 (continued). INCOME DERIVED FRO	DM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that rep whichever is greater, and specify the principal type of economic activity of the entiform of disclosure is prohibited by law, rule, or an established code of profess activity of the entity or person from whom the income was derived.	ity or 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: Address:	
PART 3. OTHER SOURCES OF	FINCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. box.	. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name:	enf-rent from the state of the transfer of the state of t
Address:	
Name: Address:	
Audiess.	
PART 4. REPORTABLE LIAE	BILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, or emade as campaign contributions, or business loans from regulated financial institutions.	educational 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 G	
List the specific source of gifts received during the reporting period with an aggregation	ate value of more than \$300. If none, check the box.
None	
Name of Source of Gift 1. 3.	Name of Source of Gift
2. 4.	

PART 6.	REPORTABLE HON	IORARIA	
List the source of any honoraria accepted for appearances	s or speeches related to	your official capacity or dutie	s. If none, check the box.
None	Entertail Control Commission of the Control Co	Andrew Control of the	reading a contract of the companion of the desired des
Name of Source of Honoraria	, monetti ti tetta ti koksitti ti toominimmaja, aja aja aja aja aja asi asimanina aja maja masa. J	Name of Source of H	Honoraria
1.	3.		abbammlph(H)by(F)YSY(K)arasepravia arasimin,
2.	4.		
PART 7. REPRESE	ENTATION BEFORE :	STATE AGENCIES	
List each executive branch agency before which you compensation of any amount other than your official sale none, check the box.	or a member of your	r immediate family represen	nted or assisted others for a pared before the agency.
None	Triming to a very contractive to the definition of their Saff Color Saff Color Saff Saff Saff Saff Saff Saff Saff Saf		$m^{\mu}(M_{\mu}^{\mu}) m_{\mu}(M_{\mu}^{\mu}) (M_{\mu}^{\mu}) (M_{\mu}$
Name of Agency	AN A	Name of Agen	${\tt 3CV}$
1.	3.	erte er haldet 1900 film heldet det der 1900 januarieg oper kopstyr (1900 film heldet 1900	
2.	4.		
	SINESS WITH STATE		
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o	mber of your immediate or a family member sold	family sold goods or service the goods or services. If non	es with a value in excess of the, check the box.
None	distributes to ever, by promotion is a superpositive by the definite of 17 Phillips promotion or every super-	ды бекеретенде какта ұқыта <u>туунатуун</u> жары қыра бекеретін торға сытұрылынд <u>атқын ме</u> кереті усы құқы	· · · · · · · · · · · · · · · · · · ·
Name of Agency		Name of Agen	CCX SECTION 100 THE SECTION OF THE
1.	3.		
2.	4.	As a many property of the pr	deministration (the green feet of the third community and propagation and complete of the community of the c
PART 9. INCOME RECEI	VED BY MEMBERS	OF IMMEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the k or more of income, list his or her name and job title. List or not include gifts.	and of income represent	ted. If your spouse or domes	stic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title		nomic Activity ource of Income eived	Kind of Income
Name:	1.	1.	American Andrews
Job Title:	2.	2.	
	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:			Tain 10
Job Title:	1330-banachi dantar sa ta sa manachi da manga a sa manachi da manga a sa manachi da manga a sa manachi da manga		an 2 s annum mhaithead g-marchadh (a dhèigh (
Job Title:	- Marie and Andrewsky and provided Marie (Marie 2) and the second and the contract community of adjustment of	- fulfield (Medipleatham) terres de tres autorimentalementalementalementalement (perf) fuer frem en en en en e	

PART 10. OFFIC	ER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ture. Indicate whether	you or a family hel-	d the position and wh	liate family ether the posi-
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Waterville Housing Athority Waterville Housing Drc. By Silver Street Waterville, Meine	Commissionee Commissionee	Self Self		None
My St. Joseph Nursing Home Highwood Are Wateralle, Maine 04501	President Advisory Board	Self		None
	Economic Company		The state of the s	
	SIGNATURE			
Signature Subscribed and sworn (affirmed) to before me this	N.C.R.		<u>L 22 70/0</u> Date / 20 <u>10</u> .	
ADDITIO	ONAL INFORMATIO	N		NSA Tandidoli (marina an Irana an Irana an Amarina) an
Please provide any additional information below (and or the information you are providing. Use additional pages		needed). Indica	te the part or section	on number for
Part/Section Number		rymniy annumek karl van P _a l Pamel Bakek Bija A _r Bija po 1887 tak e P ^{erm} an		ran generalische Epische Spieler Spiel Der Generalische Spieler Spiele