



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 Anne H. Jordan		Title Commissioner					
Department/Agency/Bureau/Division Maine Dest. of Public Safety		Work Phone 207 626 3800					
Mailing Address, City, ZIP 104 State House Station A		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.							
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Name of Employer	Address		Principal Type of Economic Activity of Employer				
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PART 2. INCOME DERIVED FR		PARA TERRET					
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		Transmitter verificated projects of committee verifications are seen	isati samammadi seeteetaata ama ta qoo qaaa 2944 filaatet marii maaqaa qaa qaa qaa qaa qaa qaa saa ahaa ah				
Name and Address of Business Entity or Law Firm	Major Areas of Economi Practice (self)		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)				
Name: 415 Congress St Associates, LLC Address: 415 Congress St Portland ME 04181	Partial Own day to day to day a day a day	er-no -Invotrect	Portneship, Title Company				
Name:	any to any incom	in only	Company				
Address:		·					

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT				
B. List each source of income derived from self-employment or practice that represents more than 10 whichever is greater, and specify the principal type of economic activity of the entity or person from who form 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.	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: VIA	Sister (A 18 State			
Address:				
Name:	Notembelische Verschung (fr. 1.) Der GOOD (e. 10.) Verschon der anderdund nicht der der einig und gefrein der und der der gegenbacht (f. 10.) de feit für gegengen eine seine gegenb			
Address:				
PART 3. OTHER SOURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the			
D None	UPWPP47A35A5A1547864799-79P3.254943893			
Name and Address of Source	Kind of Income (investments, leases, etc.)			
Name: Wells Forgo Investors FINO- the Dentograp of AL Edwards Address: Two Portland Square Portland Me 04101	investments			
Address: Two Portland Square Portland ME 04101	Elille Assista			
Name:	Totale of the section			
Address:				
Name:	б өскүлүү оны бүчиндөө байдай оны байдын байын байы			
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, loa made as campaign contributions, or business loans from regulated financial institutions. If none, check to	ans from a relative, loans that were			
None	NAGORAN (PORMAN PAR) A TOMONO MINING MANAN INTO			
Name and Address of Creditor	Principal Type of Economic Activity of Creditor			
Name:	. i			
Address:				
Name:				
Address:				
PART 5. REPORTABLE GIFTS				
List the specific source of gifts received during the reporting period with an aggregate value of more than	s \$300. If none, check the box.			
None				
Name of Source of Gift 1. 3.	Source of Gift			
2. 4.				

PART 6. RE	PORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or		or duties. If none, check the box.
None But See below	(A,A,B,B,B,B,B,B,B,B,B,B,B,B,B,B,B,B,B,B	are 1998 1900 NSSA Procedum denderen a satu eta esta eta eta eta eta eta eta eta eta eta e
Name of Source of Honoraria		urce of Honoraria
1 Maine Courter Against Domestic Vivence that is england		Polymer (Program Andrea Aldrea Aldrea (Aldrea Andrea Aldrea Andrea Andrea Andrea Andrea Andrea Andrea Andrea A
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	ATION 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 r Indicate whether you or a family memb	epresented or assisted others for per appeared before the agency. If
None		American Control of the Control of t
Name of Agency	Name	of Agency
1.	3.	
2.	4.	dure, nenegonomissi Praksillista kaladakah daja aya menjang termasi kaladakah daja aya aya maggapa maggapa mag
PART 8. BUSINE	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 few	er of your immediate family sold goods or	r services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or a f	amily member sold the goods or services	. If none, check the box.
Name of Agency	monogramminishendedd benerenenlammonographyngangandebillinderedd bedautyngalaman y teatre y teatre y teatre y Na en en	
		of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECEIVED	D BY MEMBERS OF IMMEDIATE FA	AMIL Y
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.	f income of \$1,000 or more received by y of income represented. If your spouse o	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Jeffry k Jordan	1. government 2. Retrement investment	1. Employment 2. Dardenes - not detributed
Joh Title: Least Visit V	3.	2. Desdends - not conserved
Dependent Child(ren) - Job Titles Only		
Job Title: Scherel laborar/Dependant Child	Sales/Interior construction	employment
Job Title:		Wilderer de Comment Control of an annual magnetic program, or prog
Job Title:		

PART 10. OFFIC	CER OR DIRECTOR	RPOSITIONS				
List any for-profit or nonprofit corporation, firm, association, p held any office, trusteeship, directorship, or position of any na tion was compensated. If a family member listed, indicate yo	ature. Indicate whethe	r 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?		
Woodfords Congregational Church	moderator	Sparse	Jeffey	10		
Woodfords Congregational Church Wood fords St Portland Me		a a	A Description of the American Conference of the			
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			and the state of t			
	SIGNATURE					
I affirm that the contents of this report are true, complete	e and accurate to the	e best of my know	ledge			
Subscribed and sworn (affirmed) to before me this day of, 20/6.						
Signature of Notary Public Attorney-at-law	-61-1	P _m				
My commission expires(Seal is optional) (Date)	 	No. 009182				
ADDITI	ONAL INFORMATION	ON				
Please provide any additional information below (and of the information you are providing. Use additional page		if needed). Indica	te the part or sectio	n number for		
Part/Section Number	er transport og granne og gregne er er grannen men er	izancji prijesti u prijest i name prijamamama prijesti prijesti prijesti prijesti prijesti prijesti i name pri		ak kalang di Panka di Pankanah 22 dan di Kanada dan di Andria dan di Kanada dan di Kanada dan di Kanada dan di		
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