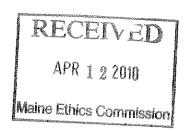
2009 Calendar Year





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 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

Name Janet D. Joyeux				Title Assistant to the Commissioner			
Department/Agency/Bureau/Division				Work Phone			
Pub	Public Safety Commissioner's Office Mailing Address, City, ZIP 104 State House Station, Augusta Me			626-3800			
Mailing Add	fress, City, ZIP	A		teration is a section management and agree process.			
104	State House Station	i, Hugu	Sta HE 043	33			
	PART 1. INCO	OME DERIV	ED FROM EMPLOYME	NT BY ANO	THER		
List the nate economic a	me and address of each employer ctivity of each employer.	from whom y	you received compensation	n of \$1,000 o	r more. Specify the principal type of		
☑ None	commission of the State of the	di di di managa pangangan kanagan ang ang ang ang ang ang ang ang a		trond er er eigen zu gegebrezen er zätztek in bischen deut inn gege			
Section of the sectio	Name of Employer		Address	A PER CAPACITA CONTRACTOR OF THE CAPACITA CONTRA	Principal Type of Economic Activity of Employer		
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		1		:			
	PART 2. INCOME D	ERIVED FR	OM SELF-EMPLOYME	NT OR LAW	PRACTICE		
derived inco	name and address of your business me. If associated with a partnership actice of that entity.	or law firm, i o, firm, profes	f any, and list the major an sional association, or simil	eas of econon lar business e	nic activity or practice from which you ntity, list the major areas of economic		
☑ None	г (эт в вень на выдава дом вышения на		n terrene er mentenet eg met eggendet er fjerhend en 1 i 2m en e menene enne e mente eg en egent eg en en menem	ere ere ere er er er er er er er er er e	retribute to the control of the cont		
Name :	and Address of Business Entity or La	aw Firm	Major Areas of Econon Practice (self		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)		
Name:					The second secon		
Address:							
Name:			<u> </u>	·			
Address:							

PART 2 (co	ntinued). INCOME DERIVED FROM SELF-EMPLO	OYMENT
whichever is greater, and specify the princ	om self-employment or practice that represents more than sipal type of economic activity of the entity or person from ule, or an established code of professional ethics, speci- the income was derived.	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:		
мате:		ાં વિવિધાની કર્યા કરતા કરતા કરતા કરતા કરતા કરતા કરતા કરત
Address:		
	PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or mobox.	ore <u>not listed</u> in Parts 1 or 2 of this form. Do not include gr	fts or honoraria. If none, check the
None		Kilokokilorentuk (Alikokokokokokokokokokokokokokokokokokoko
Name:	and Address of Source	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		alterbases and an experience of the second s
Address:		
Name:	ammentana (nakakan kalam) manjahan manjang kalam	utters (1985) (1984) - 1985) (
Address:		
	PART 4. REPORTABLE LIABILITIES	
areas of economic activity of each creditor	ured loans of \$3,000 or more that you received during the control of the control	loans from a relative, loans that were
None		(1)
Name a	and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:		intermediate the free common common trained lighter at forestoner for fill delict, full forest me men men men men men from men free free fills.
Address:		
Address:		
	PART 5. REPORTABLE GIFTS	
List the specific source of gifts received dur	ing the reporting period with an aggregate value of more the	han \$300. If none, check the box.
None		rus Princeter om 1900 och und vinder och und state och und state och state och ut state och ut state och ut sta
Name of Source of G	Sift Name o	of Source of Gift
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2.	4.	ter properties and the second

PART 6. RE	PORTABLE HONORAR	14	
List the source of any honoraria accepted for appearances or s		g ang nadawigasiki jigag Masibiliy iyanan na na na ili ili ilinafa an	es. If none, check the box.
☑ None	t 1999 TAAN PROBERTIAN IN PROBEERING PROBERTIAN IN PROBERTIAN IN PROBERTIAN IN THE P	mmeg (130m)	e en en et en
Name of Source of Honoraria	ntenergietetetetische (1905) deb Schrift without behande von eine sommen von eine generation geschicht geschicht.	Name of Source of	Honoraria
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2.		maylan <u>ma</u> annunun yaz zazu uzzaza yaz uzu annulu a maz zamun zazu zazu zazu.	ethinisti (selikuummuusi (selikuumiusud kiinnin kannon kannon kannon kannon kannon kannon kannon kannon kannon
2.	4.		
PART 7. REPRESENTA	ATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you or a compensation of any amount other than your official salary. nong, check the box.	a member of your immed Indicate whether you or a	diate family represe family member app	nted or assisted others for eared before the agency. If
None	engagaran garan emmeren emmeren en e	этим самана самана ган үтий тогу сам үзү гүүдөгүүнүү үзүнүү үзүгү	1984 kan ing kan menganan dan menggan menggan menggan penggan penggan penggan penggan penggan penggan penggan
Name of Agency	A definited by all no commitment years protesty course proving notesty attended to the second state and an attended to the second state attended to the second st	Name of Age	
1.	3.		
2.	4.	ALIAN	
PART 8. BUSINE	ESS WITH STATE AGEN	ICIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a fa	r of your immediate family family member sold the goo	sold goods or services. If nor	es with a value in excess of
None	######################################	mineen en maan kan maan kan kan kan kan kan kan kan kan kan	TE, UTION TO SOM
Name of Agency	er en	Name of Ager	######################################
1.	3.		
	4.		
	:		
PART 9. INCOME RECEIVED	BY MEMBERS OF IMM	MEDIATE 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 y	your spouse or dome	estic partner received \$1.000
Name of Spouse or Domestic Partner and Job Title	Type of Economic A Representing Source of Received		· Kind of Income
Name:	1.	1.	
.lob Title:	2.	2.	
JOD TITLE:	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:		мен (неж об большо о осточным начерования драдець о догодый раздол (до	
Job Title:	de nette te manuschet gemannet gemaket gegenentet, opgeste net net met 1905, man met 1900 f. n. m. en een een		erm ann ar ann an ann an an an ann ann an ann an

	PART 10. OFFI	CER OR DIRECTOR	R POSITIONS		
held any office,	fit or nonprofit corporation, firm, association, trusteeship, directorship, or position of any n ensated. If a family member listed, indicate yo	partnership or business ature. Indicate whethe	s in which you or a mer you or a m	the position and who	iate family ether the posi-
☑ None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
					N. P. S.
	·				
I affirm that the	contents of this report are true, complet	SIGNATURE te and accurate to the	e best of my knowl	edge.	171 Y
Jan	uf D Jayeur Signature		<u> 3/3</u> ,	∂/io Date	
	nd sworn (affirmed) to before me this	day of W	larch:	20 <u>/()</u> .	
Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) (Date) JANINE COLLINS NOTARY PUBLIC MAINE WOWNSSION EXPRES 19/22015				2 015	
	ADDIT	IONAL INFORMATI	ON		
Please provide the information	e any additional information below (and on you are providing. Use additional page	on additional sheets es, if necessary.	if needed). Indicat	e the part or sectio	n number for
Part/Section Number			and El Ambard (I have men produced party of many El Product of the analysis of the Electric E	от добо в 1 гото пото вы повых в дового до дотеро и ведено передо под провод по передо по передо по передо по п	O COMPACTO C
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