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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

MAINE ETHICS COMMISSION

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.

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Selection of the select	VED FROM EMPLOYMENT BY AN	[1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000	or more. Specify the principal type of
None ///		
Name of Employer	Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIVED FI	ROM SELF-EMPLOYMENT OR LAY	V PRACTICE
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profeactivity or practice of that entity.	if any, and list the major areas of econo essional association, or simitar business	omic activity or practice from which you entity, list the major areas of economic
None Arm		The second secon
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity	Major Areas of Economic Activity/ Practice
	Practice (self)	(partnership, association, firm or similar business entity)
Name:		
Address:		
Name:	омун том он на на навышения на применя на почения на почения на почения на почения на почения на почения на поч	r.di. 1.72019460-940 60150.fbritish, - 9-15ф Африст дого неветроўнаў, ў айдын яка не велаго тук піст воўнай Макенайша
Address		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT					
whichever is greater, and specify the principal type of economic acti-	actice that represents more than 10% of your gross income or \$1,000, vity of the entity or person from whom you derived such income. If this de of professional 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: Mairi flat Retirm					
Address:					
Name: Address:					
PART 3. OTHER SO	OURCES OF INCOME				
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts or honoraria. If none, check the				
None					
Name and Address of Source	Kind of Income (investments, leases, etc.)				
Name: INY ACT For 144 Address:	Lar				
Name: Address:	, , , , , , , , , , , , , , , , , , ,				
Name: Address:					
PART 4. REPORT	TABLE LIABILITIES				
	more that you received during the reporting period, and list the major liabilities, or educational loans, loans from a relative, loans that were nancial institutions. If none, check the box.				
□ None					
Name and Address of Creditor	Principal Type of Economic Activity of Creditor				
Name: . Address:					
Name: Address:					
PART 5. REPO	ORTABLE GIFTS				
List the specific source of gifts received during the reporting period wi					
None	The second secon				
Name of Source of Gift	Name of Source of Gift				
1. /// 17	3.				
2.	4.				

	REPORTABLE HONOR		
List the source of any honoraria accepted for appearances	or speeches related to you	r official capacity or duties.	If none, check the box.
None			
Name of Source of Honoraria	STORM AND DESCRIPTION OF THE PROPERTY OF THE P	Name of Source of Ho	pnoraria
1. Now	3.	NINGOTTÄÄÄÄN KÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄÄ	
2.	4.		
PART 7. REPRESE	NTATION BEFORE ST	ATE AGENCIES	
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	or a member of your in ry. Indicate whether you	nmediate family represente or a family member appea	ed or assisted others for red before the agency. If
None	GO STATEMENT CONTROL OF THE CONTROL OF T		от не при
Name of Agency		Name of Agenc	
1. Name	3.		
2.	4.	7 (Phillippe and State Commission of Commiss	The State of the S
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List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	a family member sold the	mily sold goods or services goods or services. If none,	with a value in excess of check the box.
Name of Agency	and the security of the second continuous contract and the second contract at the previous for the second contract and the second contract at the second contrac		
		Name of Agency	Ananderstein and the second se
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	4.		reka j
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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.	of income of \$1,000 or n ad of income represented. y the job title of dependent	nore received by your spoul fryour spouse or domestit children who received incompared to the control of the co	c partner received \$1.000
Name of Spouse or Domestic Partner and Job Title	Type of Econom Representing Source Receive	ce of Income	Kind of Income
ob Title: Juston ASRP.	1. 2.	1.	
Ob Title: Ires for ASRP.	3.	2. 3.	
Dependent Child(ren) - Job Titles Only		тум болошный потом и постоящим общемого избиду, не чен довженного постоя отношения на настана на постоящий вып	(Соловонно на на виденти потивот потивот потивот на применения на применения на подат на подат на подат на под «
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PART 10. OFFICE			n tann ka in is mera g	St. St. St. St. September & C.
List any for-profit or nonprofit corporation, firm, association, part held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	ire. Indicate whether	you or a family held	d the position and who	late family ether the posi-
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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THE ADVENTURE AND A SECOND AND A SECOND AS		diameter sector a contractor		
				·
	SIGNATURE			
I affirm that the contents of this report are true, complete a	and accurate to the	best of my knowl	edge.	
Collect Le Miller Signature	Alexandria	Marc	<i>M <u>26</u>-2010</i> Date)
Subscribed and sworn (affirmed) to before me this	6 day of May	rch,	20 <u>10</u> . , a	*
Signature of Notary CYNTHA Con EVAL 16WS Notary Public, Maine	the 8thu	ips	•	٠.
My commission Commission Expires October 7 2011 (Seal is optional) (Date)	- -		• .	
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Please provide any additional information below (and on a the information you are providing. Use additional pages, i		needed). Indicat	te the part or section	n number for
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