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APR - 9 2010

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

MANEETHICS 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.

EMPLOYEE INFORMATION

Name	Title Discortion Has De							
Alicia Kellogg Department/Agency/Bureau/Division	Director, Human Rejoinces Work Phone							
DAPS	624-7368							
Mailing Address, City, ZIP								
Station #4, Cross Office Building	· Augusta, ME 04330							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation economic activity of each employer.	of \$1,000 or more. Specify the principal type o							
None None								
Name of Employer Address	Principal Type of Economic Activity of Employer							
í :								
PART 2. INCOME DERIVED FROM SELF-EMPLOYMEN	IT OR LAW PRACTICE							
A. List the name and address of your business or law firm, if any, and list the major area derived income. If associated with a partnership, firm, professional association, or similar activity or practice of that entity.	as of economic activity or practice from which you or business entity, list the major areas of economic							
None								
Name and Address of Business Entity or Law Firm Major Areas of Economi Practice (self)								
Name:	ousiness entity)							
Address:								
Name:								
Address:								
	,							

PART 2 (continued). INCOME DERIVED FROM SELF-E	:MPLOYMENT
B. List each source of income derived from self-employment or practice that represents mo whichever is greater, and specify the principal type of economic activity of the entity or persor form of disclosure is prohibited by law, rule, or an established code of professional ethics activity of the entity or person from whom the income was derived.	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	
Name: Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not incloox.	lude gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	$1 \leq r \leq $
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received do areas of economic activity of each creditor. Do not list credit card liabilities, or educational made as campaign contributions, or business loans from regulated financial institutions. If non-	loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	an mangang mangang mangang sa Jeu man mangang sa mangang panggang panggang mangang manggang panggang p
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of	more than \$300. If none, check the box.
None	
	Name of Source of Gift
1. 3.	
2. 4.	

PART 6.	REPORTABL	E HONORARIA			
List the source of any honoraria accepted for appearance		4 10 00000000000000000000000000	pacity or duties.	If none, check the	box.
None	A CONTROL CONTROL MEDICAL PROPERTY AND	t de met met trest trest tot de distribution de la constitución de	er Make 1900-mil Nederlands translityra a rangyan ya yang 1903 par ya ya	NEED-ASSACTIANEED AND AND AND AND AND AND AND AND AND AN	mpriegim/usereamileite
Name of Source of Honoraria		Name	of Source of Ho	onoraria	erman massadalatististist
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2.	4.			annan de parte d'aran de la companya	mmilion (* d'em) de de Andreighe de Leide
PART 7. REPRESI	ENTATION BE	FORE STATE AGEN	ICIES		
List each executive branch agency before which you compensation of any amount other than your official sal none, check the box.	or a member	of your immediate fa	mily represente	ed or assisted other red before the ager	ers for ncy. If
None	http://pophaphamet.chmmmmark.com/com/com/com/com/com/com/com/com/com/	одентный межден солостой надродский этом солостой нерографирация устадущих	ion de madel e moment menos y naz egen prejugajananas z	errige und error en de	
Name of Agency			Name of Agenc		
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List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you or	mber of your im	STATE AGENCIES mediate family sold go er sold the goods or se	ods or services	with a value in exc check the box.	ess of
Name of Accepts	Noborus Karansykaanaan miningankansa (kijakiskiskiskiskiskiskisk	d mmession with management growth growth of growth exceptions of the second community of the second co	IIVIIIIII WAAGII GAAAA	P-=088-==	on the second
Name of Agency			Vame of Agency	MINORONE DELIVERANT PROPERTY OF THE PROPERTY O	Contident Charles and Harris
1.	3.				
2 .	4.			matematic Charles (SA) 2 (SA) Advantage programming (SA) (SA) (SA) (SA) (SA) (SA) (SA)	
PART 9. INCOME RECEI List the type of economic activity representing each source dependent child(ren) during the reporting period and the le or more of income, list his or her name and job title. List of not include gifts.	ce of income of \$ kind of income re nly the job title of	\$1,000 or more receive	ed by your spou	c nartner received 9	1 000
Name of Spouse or Domestic Partner and Job Title		enting Source of Income Received	3 · · · · · · · · · · · · · · · · · · ·	Kind of Income	anagha a sasang an _{a s} agaganan , , , ,
Name:	1.		1.		
Job Title:	2. 3.		2. 3.		
Dependent Child(ren) - Job Titles Only Job Title:					
Job Title:		Ten jammin per et en er en	gang pagahan pagama pangama pangama pangama panga p	وي دول المستقدة و المستقدية و المستقدية و المستقدة و المستقدة و المستقدة و المستقدة و المستقدة و المستقدة و الم	A grad front processor for grant
Job Title:	a y priming the final of management and management and a second of the s		es s s s s s s s s s s s s s s s s s s	n sellen sensen i se en	

PART 10. OFFICI	ER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, par held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	ure. Indicate whether	you or a family held	d the position and whe	iate family ether the posi-
None	Selection and constitution of the selection of the select	01 (000011 1880 00 0 11 0 000 0 0 0 0 0 0 0	e Sandrade de Carlos (Carlos Carlos Sandrados Sandrados Sandrados Sandrados Sandrados Sandrados Sandrados Sand	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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	To report the foreign production of the fore		PROMETERS STATES	
	SIGNATURE			
I affirm that the contents of this report are true, complete		best of my knowl	edge.	
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Signature (***************************************	-8 Ap	<u>vi (2010</u> Date	
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Subscribed and sworn (affirmed) to before me this _\forall *	$\frac{2}{2}$ day of $\frac{4p}{2}$	<u>al</u>	20 <u>10</u> .	
	MA MENONE	<u>)</u>		· ·
My commission expires(Seal is optional) (Date)	JENNIFER J. MI Notary Public • Commission Expires Se	Maino		
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Please provide any additional information below (and on	additional sheets if		te the part or sectio	n number for
the information you are providing. Use additional pages, Part/Section	ii necessary.	oor kaanistan ja 2 an ja magamasimuun ja mara aa amanga pangaasa sagaaga	s to several south or more to grant and the common states that the state that the several south	
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