



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.

EMPLOYEE INFORMATION

Name DALE P. LANCASTER			Title MA J	Title MAJOR			
Department/Agency/Bureau/Division				Work Phone			
				24–7203			
Mailing Address, City, ZIP 42 State Hou 45 Commerce		e 1, August	a, ME 0433	3-0042			
PART 1. INCOM	ME DERIVED FI	ROM EMPLOY	MENT BY ANO	THER			
List the name and address of each employer fro economic activity of each employer.	om whom you re	ceived compensa	tion of \$1,000 o	r more. Specify the principal type of			
None			igge gegen gegen gegen gegen gegen som en mer men men en men men som det kilde ste det skilde ste det skilde s Det skilde gegen gegen gegen gegen gegen gegen som gegen som gegen gegen gegen gegen gegen gegen gegen gegen g				
Name of Employer		Address		Principal Type of Economic Activity of Employer			
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PART 2. INCOME DEF							
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, firm, professiona	and list the major I association, or s	r areas of econor imilar business o	mic activity or practice from which you entity, list the major areas of economic			
🔼 None				•			
Name and Address of Business Entity or Law	/ Firm M	ajor Areas of Eco Practice (Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)			
Name:							
Address:	!						
Name:	raturging yang sang di lambah saharakan di Abusaha, Calabah 1989 (1984) (1989) (1986) (1986) (1986) (1986) (19	enemed en statement de primeire en real primeire de la film de la de Maria de la maria super	т өткөлүү оронун араан араан араан араан байтуу байтуу оронуу оронуу араан араан араан араан араан араан араан				
Address:							

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT							
B. List each source of income derived from self-employment or pra whichever is greater, and specify the principal type of economic active form of disclosure is prohibited by law, rule, or an established coor- activity of the entity or person from whom the income was derived.	vity of the entity or person from whom you derived such income.	. If this					
Name and Address of Source	Principal Type of Econo Activity of Entity or Person the Source of the Incor	Who is					
Name:							
Address:							
Name:							
Address:							
t de superior de la desta de la companya de la comp	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, et	tc.)					
Name:	MA ANALAS						
Address:							
Name:							
Address:							
Name:		**************************************					
Address:							
PART 4. REPORT	TABLE LIABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list credit card made as campaign contributions, or business loans from regulated fire	liabilities, or educational loans, loans from a relative, loans that						
None ·		**************************************					
Name and Address of Creditor	Principal Type of Econol Activity of Creditor						
Name:							
Address:	· ·						
Name:	TO DESCRIPTION OF THE PROPERTY						
Address:							
PART 5. REPC	DRTABLE GIFTS						
List the specific source of gifts received during the reporting period wi	ith an aggregate value of more than \$300. If none, check the bo	OX.					
None None							
Name of Source of Gift	Name of Source of Gift	-					
1.	3.						
2.	4.	. , , , , , , , , , , , , , , , , , , ,					

大型的复数形式 1000 1000 1000 1000 1000 1000 1000 10	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeches related to your official ca	pacity or duties. If none, check the box.
☒ None		
Name of Source of Honoraria	Name	e of Source of Honoraria
1.	3.	4
2.	4.	
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List each executive branch agency before which you or compensation of any amount other than your official salary none, check the box.	Indicate whether you or a family	r member appeared before the agency. If
☑ None		
Name of Agency		Name of Agency
1.	3 .	
2.	4.	
	* 6.1. 	
	IESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per of your immediate family sold g a family member sold the goods or s	oods or services with a value in excess of services. If none, check the box.
☑ None	analan kanan ka	**************************************
Name of Agency		Name of Agency
1,	3.	-
		·
2.	4.	
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIA	ATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind	of income of \$1,000 or more received of income represented. If your st	yed by your spouse or domestic partner or
or more of income, list his or her name and job title. List only	the job title of dependent children v	who received income of \$1000 or more. Do
not include gifts.		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Incor	ne Kind of Income
	Received	
	1 0 1 7 7	1 0 1
Name: Deborah A. Lancaster	1. School Nurse 2.	1. Salary 2.
Job Title: School Nurse - SAD#54	3.	3.
Dependent Child(ren) - Job Titles Only		
		andreas a maissan ann air an air ann an air an
Job Title: Student/Laborer		Employment
Job Title: Student/Laborer	de concentração que mismo vindo a colocidad de la colocidad de la colocidad de la colocidad de la colocidad de T	Employment
		····
Job Title:	,	

PART 10. OFFICE				
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	re. Indicate whether	you or a family held	d the position and wh	diate family ether the posi-
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		extitulation programmer (no.	Anna ann an Aire ann ann ann ann ann ann ann ann ann an	
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() // // ,	SIGNATURE			
				* ************************************
I affirm that the contents of this report fre true, complete	and accurate to the	best of my knowl	eage.	
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///Ma/ (/		09.	- <i>1 2 - 20 1</i> 0 Date	0
Signaturé			Date	
	C.	. 1	161	
Subscribed and sworn (affirmed) to before me this	L day of	25.	20 <u>10</u> .	
Signature of Notary Public/Attorney-at-law	me Con	leis		
My commission expires 16-22-2015		JANINE COLLI	NS 8	
(Seal is optional) (Date)		NOTARY PUBL MAINE	iC	
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Please provide any additional information below (and on the information you are providing. Use additional pages,		needed). Indica	te the part or secti	on number fo
Part/Section Number				
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