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APR 1 2 2010

MAINE ETHICS COMMISSION

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		Title	
George D. Lepainte		Commissio	~~/~
Department/Agency/Bureau/Division		Work Phone	
Marine Resources		207-624	- 6553
Mailing Address, City, ZIP	A	A	and the part of th
State House Stake ?	21 Hugusta, 1	have 0433	3-0071
PART 1. INCOME	DERIVED FROM EMPLOYMEN		
List the name and address of each employer from economic activity of each employer.	whom you received compensation	of \$1,000 or more. Spe	cify the principal type of
None	- Galania II - Jahan 1904 (1904) 1909 (1904) 1909 (1904) 1909 (1904) 1909 (1904) 1909 (1904) 1909 (1904) 1909	SERVICE STATE OF A SERVICE STATE AND A SERVICE STATE OF A SERVICE STAT	
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PART 2. INCOME DERIV	VED FROM SELF-EMPLOYMEN	T OR LAW PRACTICE	
A. List the name and address of your business or la derived income. If associated with a partnership, firr activity or practice of that entity.	aw firm, it any, and list the major area m, professional association, or similal	as of economic activity or r business entity, fist the	practice from which you major areas of economic
None		trikkerholiskus et koholiskus (2005) et 1,500 for en	arte et a 1990 de flatalité de l'Arte d'Arte d'Arte de L'Arte and de l'Arte annueux annueux annueux appear à de
Name and Address of Business Entity or Law Fi	irm Major Areas of Economi Practice (self)	ic Activity/ (partnership	as of Economic Activity/ Practice o, association, firm or similar business entity)
Name:			
Address:			
Name:			
Address:			

PART 2 (continued). INC	OME DERIVED FROM	SELF-EMPLOY	MENT
B. List each source of income derived from self-employm whichever is greater, and specify the principal type of ecor form of disclosure is prohibited by law, rule, or an establactivity of the entity or person from whom the income was	nomic activity of the entity of the continuous code of profession derived.	or person from whal ethics, specify	nom you derived such income. If this
Name and Address of	•		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		el del del del deserve en	
Address:			:
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PART 3. O	THER SOURCES OF I	NCOME	
List each source of income of \$1,000 or more not listed in F	Parts 1 or 2 of this form. D	o not include gifts	or honoraria. If none, check the
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Name and Address of	Source		Kind of Income (investments, leases, etc.)
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PART 4.	REPORTABLE LIABIL	ITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list or made as campaign contributions, or business loans from re	redit card liabilities, or edu	cational loans, lo	ans from a relative, loans that were
None	netportekteterororottektektekketektaktaktalahamarkaanklannimingungungutanramali	малалилдын үүлөгө үүлөгө үчдөгө ү	g pagagana pakaman gran tahuna (saman gran sari) pinaman dali (sa) ni jah kirili (sa) paka kirili sahah dali si sahan maha masa kirili sa
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Address:			
PART	5. REPORTABLE GIFT	ΓS	
List the specific source of gifts received during the reporting	g period with an aggregate	value of more tha	in \$300. If none, check the box.
None		oom oo ahaa ka saasaa ka k	
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PART 6.	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances	or speeches related to your official o	capacity or duties. If none, check the box.
None	er en	
Name of Source of Honoraria	Natural Nation (Nation (Natural Institute Constitution (Natural Institute Constitution (Natural Institute Constitution (Natural Institute Constitution (Natural Institution (Natura Institution (Natura Institution (Natura	ne of Source of Honoraria
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PART 7. REPRESE	NTATION BEFORE STATE AGE	ENCIES
List each executive branch agency before which you compensation of any amount other than your official sala none, check the box.	or a member of your immediate ary. Indicate whether you or a famil	family represented or assisted others for y member appeared before the agency. If
None	Na Padada 4 Alian seesee seesee seese seese seese seese seese seese saa ka saa ka saa ka saa ka saa ka saa ka s	
Name of Agency		Name of Agency
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PART 8. BUS List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you of None	biness with state agencies mber of your immediate family sold or r a family member sold the goods or	goods or services with a value in excess of
Name of Agency	от на намерина на придости при при при при при при при при при пр	Name of Agency
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PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIA	ATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kilor more of income, list his or her name and job title. List on not include gifts.	ind of income represented. If your s	pouse or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Inco Received	me Kind of Income
Name: Hilary Needles	1. to + Agency	1. Enployment
Name: Hilary Needler Job Title: Vecologist, U.S. Geologial	2. 3.	2. 3.
Dependent Child(ren) - Job Titles Only		
Job Title: PiA		
Job Title:		: :
Job Title:	o markaning manganang mangang m	

PART 10. OFFI	CER OR DIRECTO	OR POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pheld any office, trusteeship, directorship, or position of any nation was compensated. If a family member listed, indicate you	ature. Indicate wheth	her you or a family hel-	d the position and who	iate family ether the posi
None	4 2 4 4 5 6 7 5 4 4 7 4 5 6 7 5 7 5 8 8 8 8 9 9 5 6 5 8 8 8 7 7 7 7 8 7 8 7 8 8 8 8 8 8 8 8	ard American (1977) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)	11.21 eitä käätää uurilmisti 1.4 reoorin eta lummi etä 220 kirja käätää vuonna oorim	di andi mili meri kammanan kekamanan kekamanan kammana kamman di kamman di kamman di kamman di kamman di kamma
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Signature SS		22 A	car Zoro Date	;
Subscribed and sworn (affirmed) to before me this Signature of Notary Public/Attorney at law My commission expires Yray 33, 3010 (Seal is optional) (Date)	12nd day of m	varch,	20 <u>10</u> .	
ADDIT Please provide any additional information below (and of the information you are providing. Use additional page	IONAL INFORMAT on additional sheet es, if necessary.	termelen med trockstagen til state til s	te the part or sectio	n number fo
Part/Section Number				
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