

Name

## RECEIVED

APR - 9 2010

MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

COMMISSIONSA

Title

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

JOHN W LIBBY

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** 

Department/Agency/Bureau/Division	Work Phor	ne (207) (26-427)
Mailing Address, City, ZIP  Comp Keyes, Auguste, ME 0433	<b>3</b>	
PART 1. INCOME DEF	RIVED FROM EMPLOYMENT BY AND	OTHER
List the name and address of each employer from who economic activity of each employer.	m you received compensation of \$1,000 c	or more. Specify the principal type of
☐ None	r Na 87 се до се до се постоя постоя подоружения поставления на постоя поставления на поставления пос	Note And All the APP PROPERTY (P. N. N. P. N. L. P. N. L. P. N. L. L. L. P. N. L. L. P. N. L. L. L. L. P. N. L.
Name of Employer	Address	Principal Type of Economic Activity of Employer
	PAS-IÀ	
US ALTY Son	E. 56 % St, Indiangolo, In	Retiral Per
	46248	Retural Pey Us brong
PART 2. INCOME DERIVED	FROM SELF-EMPLOYMENT OR LAW	/ PRACTICE
A. List the name and address of your business or law firm derived income. If associated with a partnership, firm, proactivity or practice of that entity.	n, if any, and list the major areas of econo	mic activity or practice from which you
None		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
Name:		
Address:		

PART 2 (continued). INCOME DERIVED FR	ROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that r whichever is greater, and specify the principal type of economic activity of the e form of disclosure is prohibited by law, rule, or an established code of profesactivity of the entity or person from whom the income was derived.	intity or person from whom you derived such income. If thi
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who i the Source of the Income
	THE GOULCE OF THE PROCESSION O
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES (	OE INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this for box.	
None	
Name and Address of Source	Kind of Income
TVARIC AIR AND 1000 OF SOCIETY	(investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIA	ABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, o made as campaign contributions, or business loans from regulated financial insti	r educational loans, loans from a relative, loans that were
None	Principal Type of Economic
Name and Address of Creditor	Activity of Creditor
Name:	
Address:	•
Name:	
Address:	
PART 5. REPORTABLE	GIFTS
List the specific source of gifts received during the reporting period with an aggre	egate value of more than \$300. If none, check the box.
None	and a supplied to the second of the second o
Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	

PART 6	. REPORTABL	E HONORARIA		
List the source of any honoraria accepted for appearance	es or speeches re	elated to your official	capacity or duties. If none, check	the box.
None None				
Name of Source of Honoraria		Naı	ne of Source of Honoraria	
1.	3.			
			n companyan a construir spania a consumpating again any properties of the spania spania spania spania spania s	
2.	4.			
PART 7. REPRES	Name of Source of Honoraria  3.  4.  PART 7. REPRESENTATION DEFORE STATE AGENCIES  executive branch agency before which you or a member of your immediate family represented or assisted others for attent of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. If ck the box.  Name of Agency  Name of Agency  Name of Agency  3.  4.  PART 8. BUSINESS WITH STATE AGENCIES  executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of ring the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.  Name of Agency  Name of Agency  Name of Agency  3.  4.  PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY  De of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or children) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more treceived income come of \$1000 or more. Borgits.  Type of Economic Activity Representing Source of Income Received  YATTAN LIBBY  1. Library 1. Library 2. Wickershib US 2. 3. 3.			
List each executive branch agency before which you compensation of any amount other than your official sa none, check the box.	u or a member alary. Indicate w	of your immediate hether you or a fam	family represented or assisted ily member appeared before the	others for agency. If
₩ None				
Name of Agency	i de la compania de Compania de la compania de la compa		Name of Agency	
1.	3.			
	- Who were a continue to the continue of the c			
2.	4.			
PART 8. BU	ISINESS WITH	STATE AGENCIE	S	
List each executive branch agency to which you or a musting the reporting period. Indicate whether you	ember of your im or a family memb	mediate family sold per sold the goods o	goods or services with a value in services. If none, check the box.	excess of
None	The second secon	Стойного 2 1996 он 1995 год 1992 год 1992 год 1992 год 1994 год 1994 год 1994 год 1994 год 1994 год 1994 год 1	мот шимот мото то подости по от подости по от дому в до во до добо, в до от одо 1 г. г. г. г. г. г. г. г. г. г	
Name of Agency		است. د میشین و پیپی سوم بر ساده در پیونیون پر سامی را بر و پر و بود است است. د در داشتان در استواهای در	Name of Agency	
1.	3.			
2	4.			
PART 9. INCOME RECE	EIVED BY MEM	BERS OF IMMED	IATF FAMILY	•
				nadriar or
dependent child(ren) during the reporting period and the	kind of income re	epresented. If your	spouse or domestic partner receive	red \$1,000
Name of Spouse or Domestic Partner and Job Title		enting Source of Inco		<u>3</u>
a	. 2.4	Las Per	01.1.0	ø.
Name: CYNTHIA LIBBY	1. K	with HS	1. 14.	r
Job Title: Ketwell HS Guidence Countries				
	Ü.		<b>3</b> .	
Dependent Child(ren) - Job Titles Only		tion to Annual Control of the Control of Con		
Job Title:				* * * * * * * *
Job Title:				
Job Title:				

	FICER OR DIRECTO			
List any for-profit or nonprofit corporation, firm, association held any office, trusteeship, directorship, or position of any tion was compensated. If a family member listed, indicate	nature. Indicate wheth	er you or a family hel	d the position and who	iate family ether the posi-
None		mention of about a second and second of the control		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		er and the error		
	SIGNATURE			
Signature Subscribed and sworn (affirmed) to before me this			2010 Date	
Signature of Notary Public Attorney at law	L	noheuro.	20 <u>10</u> .	
			2	
My commission expires (Seal is optional) (Date)				the second of the
(Source optional) (Euro)				est gassah in in
ADD	ITIONAL INFORMAT	ION		
Please provide any additional information below (and			te the part or sectio	n number fo
the information you are providing. Use additional pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part/Section		• •	· · · · · ·	
Number				
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