

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

MAINEETHICS COMMISSION

APR - 7 2010

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 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

Name	Title	
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Department/Agency/Bureau/Division	Work Pho	ne ne
Dept of Corrections	604	perok Commissione 287-4386
Mailing Address, City, ZIP		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
SHS# 111 AUGUSTA ME	4333	
	IVED FROM EMPLOYMENT BY AND	
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 c	or more. Specify the principal type of
☑ None	And the second state of the second se	The state of the s
Name of Employer	Address	Principal Type of Economic Activity of Employer
		4 :
	ROM SELF-EMPLOYMENT OR LAW	
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	, if any, and list the major areas of econoressional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic
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:		en de la company
Address:		
1 March 2016 April 10 A All March 10 Annual Control of the Control		ann cumananan merengiye delah kumun. Amanin kana mendeyenin yakan bayan a mendekan kanadan bir dala esebeke ka
Name:		
Address:		•

PART 2 (continued). INCOME DERIVED FROM SEL	F-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represents whichever is greater, and specify the principal type of economic activity of the entity or perform of disclosure is prohibited by law, rule, or an established code of professional eth activity of the entity or person from whom the income was derived.	son 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:	and the second s
Address:	
PART 3. OTHER SOURCES OF INCOLL List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not	[1964] 1967-1987 [1964] A. [1964] A
box. None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name: Address:	
Name: Address:	3
PART 4. REPORTABLE LIABILITIES	EN MER BASE AND AN MENDE DESCRIPTION OF CAMPACTURE CALLED FOR THE WAY
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you receive areas of economic activity of each creditor. Do not list credit card liabilities, or educatio made as campaign contributions, or business loans from regulated financial institutions. If	nal loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value	e of more than \$300. If none, check the box.
None	Name of Course of City
Name of Source of Gift 1. 3.	Name of Source of Gift
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List the source	of any honoraria accepted for appearance	s or speeches related to	your official capacity or		ao boy
None	and the second description of the second sec	O OF OPOGOTIOS TOTALES (C	your official capacity of	duties. If holle, check it	NE DOX
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	PART 7. REPRESE	ENTATION BEFORE	STATE AGENCIES		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List each exection of compensation of the comp	cutive branch agency before which you of any amount other than your official sale box.	or a member of you ary. Indicate whether	ır immediate family rep you or a family member	resented or assisted o appeared before the ac	thers fo gency. I
None	-	, ,	######################################	र [े] चारकार के प्रस्ति के प	H-102
	Name of Agency		Name of	Agency	and the second s
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	PART 8: BUS	SINESS WITH STAT	E AGENCIES .		111
ist each execu	itive branch agency to which you or a me	mber of your immediat	e family sold goods or s	ervices with a value in e	excess o
	ne reporting period. Indicate whether you o	or a family member sold	I the goods or services. I	f none, check the box.	Mary
☑ None			ere klessom referente som kommune ere <mark>ette till kommune ere ere ere ere ere ere ere ere ere e</mark>		
	Name of Agency	(MINCHAN) MARKET	Name of	Agency	CHARLEST TOWN ADDRESS OF THE
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	PART 9: INCOME RECEI			<u>164 (64 a. J. J. J. B. B.</u>	
lependent child	economic activity representing each source (ren) during the reporting period and the kine, list his or her name and job title. List or	and of income represer	nted. If your spouse or d	omestic partner receive	d \$1.000
Name of Sp	ouse or Domestic Partner and Job Title	Representing S	nomic Activity Source of Income eived	Kind of Income	
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ob Title:		2. 3.	2		
		J.		•	
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List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.							
None	. Anter 20 million anno 24 anno 24 anno 25 a nno 26 anno 26 anno -	Alle Medical Anni Alle Children (1994) March (1997) State (1997) Anni Anni Anni Anni Anni Anni Anni Ann	equarray-con-convenients- vo cts/converve-volunts-and/d-consult-and/d-prompto-volunt-a-d	600000 Period and Constitution of the Constitu			
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	SIGNATURE						
Heruse Stord Signature		4/6	//O Date				
Subscribed and sworn (affirmed) to before me this	day of	pril	20 1 D .				
Signature of Notary Public/Attorney-at-law/// QM	Mas I De	synlan)					
My commission expires M (Seal is optional) (Date) Notary I	lartha S. Boynton Public - State of Mai	ina	.				
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ADDITI	IONAL INFORMATIC						
Please provide any additional information below (and of the information you are providing. Use additional page	on additional sheets if ss, if necessary.	f needed). Indicat	e the part or section	number for			
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