

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

AR 2 5 2010 Fax: 207-287-6775

MAINEETHICS COMMISSION

RPSAS19)

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.

EMPL	OYEE INFORMATION		
Name RYAN LOW Department/Agency/Bureau/Division Administrative and Financial	Services	Work Phon	MISSIONER 624-7800
Mailing Address, City, ZIP 78 State House Station, A	ugusta 043	30	
PART 1. INCOME DERIVI	ED FROM EMPLOYME	NT BY ANO	THER
List the name and address of each employer from whom you economic activity of each employer.	ou received compensatio	n of \$1,000 o	r more. Specify the principal type of
None None None None		N. N. S.	
Name of Employer	Address		Principal Type of Economic Activity of Employer
	stAdddiNithinerepAlleygggggababbhonethegus AllAinddri-meanedallAlleAllerineshed	NYSHILASHIRIATA JAQUIN QUIN QUIN QUIN QUIN QUIN QUIN QUIN	
		and an extraction of the second secon	
		<u> </u>	
PART 2. INCOME DERIVED FRO	· 中国	ego byan i MANNA I Amellia	이 하늘하면 이 교육하는 그 학생들에 가장하는 그 가지 않아 되었다.
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.	any, and list the major are simil	eas of econom lar business er	nic activity or practice from which you ntity, list the major areas of economic
None		er tremmer er greek kommune, men kriger progressen	
Name and Address of Business Entity or Law Firm	Major Areas of Econom Practice (self		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:			Hillians (1907) but a security of the William Language agree agree and a security of the minimum and an applying the minimum and an applying the minimum and applying the m
Address:			
Name:		er annung annung annung d	A CONTRACTOR CONTRACTO
Address:			

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT					
B. List each source of income derived from self-employment or practice that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.					
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name:	gggga and seaming-reasonate of the 200 to 20				
Address:	erik kompani produktiva da Provincia da Baka Naka Propi pa ya pipagi pana ana da pina ana maka 1988 (1988 – 1988).				
Name:					
Address:					
PART 3. OTHER SOURCES OF INCOME					
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box.	s or honoraria. If none, check the				
None	IIIIAA GAAA Y (1927-1848A Jo 1829 A JO 1821 III III III III AA SAA SAA III III III				
Name and Address of Source	Kind of Income (investments, leases, etc.)				
Name:					
Address:					
Name:					
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 during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, le made as campaign contributions, or business loans from regulated financial institutions. If none, chec	pans from a relative, loans that were				
☑ None					
Name and Address of Creditor	Principal Type of Economic Activity of Creditor				
Name:					
Address:					
Name:	es.				
Address:					
PART 5. REPORTABLE GIFTS					
List the specific source of gifts received during the reporting period with an aggregate value of more th	an \$300. If none, check the box.				
None					
	f Source of Gift				
1. 3.					
2. 4.					

PART 6 F	DEPOSTABLE HONODARIA	
List the source of any honoraria accepted for appearances of	REPORTABLE HONORARIA or speeches related to your official capaci	ity or duties. If none chank the hove
None	TO OPOCOTION FORMATION OF THE PROPERTY OF THE	TY OF QUEES. II HOHE, CHECK THE DOA.
Name of Source of Honoraria	Name of S	Source of Honoraria
1.	3.	eranda kanangang paga palabah banang sepada dalah dan penggang dalah kanang penggang dalah dalah banang sepada
	4.	Participation of the control of the
List each executive branch agency before which you o	ITATION BEFORE STATE AGENCIE or a member of your immediate family	
none, check the box.	/. Indicate whether you or a family mer	mber appeared before the agency. If
None		
Name of Agency	Nar	ne of Agency
1.	3.	
	4.	- MARKAN BIRTHAN POR BOURGE PROBLEM TO PROPERTY HAND AND AND AND AND AND AND AND AND AND
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	NESS WITH STATE AGENCIES oer of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of es. If none, check the box.
✓ None Name of Agency	No.	
Name of Agency 1.	Nam	e of Agency
2.	4.	
The state of the s	ED BY MEMBERS OF IMMEDIATE F	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only not include gifts.		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Therese Cahill-Low	1. Government	1. Employment
lob Title: Drector, DHHS	3.	2. * * * * * * * * * * * * * * * * * * *
Dependent Child(ren) - Job Titles Only		
ob Title:		
ob Title:		
ob Title:		

PART 10. OFFICER OR DIRECTOR POSITIONS							
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			gang pang kandadada da kang pangang melalah di Siberggian pantah kanah kanah dan kepilah di kanah kanah kanah	and the second s			
k) meng jaman kanaman sebamagkahan di penerana mendi pelajah penggadi amamban mebabbil	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
		The state of the s	The state of the s		er en		
			Andrew Company (Company)	SET COLLEGE PROPRIEMA NEW SES LIMITARIA.			
		SIGNATURE					
		May of Ma	MARCH K	Date . 20 / 3.			
	dia dia Propinsi maliana ny kaodim-ny aorana amin'ny faritr'i North ao amin'ny tanàna mandritry ny taona 2008–	ONAL INFORMAT		ate the part or sect	ion number for		
Please provide the information	any additional information below (and o you are providing. Use additional page	on additional sheets s, if necessary.	s ii needed). Indic	are the part of sect	CONSTRUCTION TO THE STATE OF TH		
Part/Section Number	growship that the state of the		ngggg gamaran na sa'a pamung samung di Balang agawa na sana da 18				