2009 Calendar Year



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

APR 1 3 2010

MAINE ETHICS COMMISSION

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 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 William N. Lund	Title Superintendent			
Department/Agency/Bureau/Division Department of Professional and Mailing Address, City, ZIP Bureau of Consum 35 State House Station, August	er Credit Protection	e (207) 624-8527		
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation of \$1,000 o	r more. Specify the principal type of		
None	он денения в достовной на продремення продости на постоя на продости на продости на постоя на постоя на постоя	Part Adrica di desenda de mante i emines sumenten a gratama per la 12014 cua de desenvado en embreo Africa Pous sum desenva		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
The Maine Sportsman	183 State Street Augusta, ME 04330	Magazine		
PART 2. INCOME DERIVED FRO	DM SELF-EMPLOYMENT OR LAW	PRACTICE		
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 areas of econor sional 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:		Anna ann an Chairmean Chairmean an Aireann a		
Address.				
Name:				
Address.				

BL Lat each source of income derived from self-employment or practice that represents more than 10% of your gost someone of \$1,000 microbrevis in greater, and speach the principal type of eaconomic activity of the entire your greater and speach the principal type of eaconomic activity of the entire your greater and speach the principal type of eaconomic activity of the entire your person from whom the income was derived. Name and Address of Source PART 3. OTHER SOURCES OF INCOME Part 3. OTHER SOURCES OF INCOME I set each source of income of \$1,000 or more got listed in Parts 1 or 2 of this form. Do not include gifts or honorans. If none, check the box. PART 3. OTHER SOURCES OF INCOME I set each source of income of \$1,000 or more got listed in Parts 1 or 2 of this form. Do not include gifts or honorans. If none, check the box. PART 3. OTHER SOURCES OF INCOME I set each source of income of \$1,000 or more got listed in Parts 1 or 2 of this form. Do not include gifts or honorans. If none, check the box. Name Rennebec Savings Bank Investments PART 4. REPORTABLE LIABILITIES List the names of creditions for any useful of a set of the parts		PART 2 (continued). INCOME DERIVED FROM	SELF-EMPLOYMENT
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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 or honoraria. If none, check the box. Name Name and Address of Source Name Kennebec Savings Bank Investments Address P.O., Box 50 Augusta, ME 04332−9921 Name Address PART 4. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit ead inabilities or educational loans, loans from a relative, loans that were made as campleign contributions, or business loans from regulated financial institutions. If none, check the box. Name: Address Name: Address Name: Address PART 5. REPORTABLE GIFTS List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box. PART 5. REPORTABLE GIFTS List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box. Name:	Подати при при при при при при при при при пр	Name and Address of Source	Activity of Entity or Person Who is
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	PART 6. RE	PORTABLE HONORAF	RIA	
List the source of any honorari	a accepted for appearances or	speeches related to your o	fficial capacity or dut	ies. If none, check the box.
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Name of So	ource of Honoraria		Name of Source of	f Honoraria
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2.	and the second of the second o	4.	. (1. 4)	
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	PART 7. REPRESENT	ATION BEFORE STATE	E AGENCIES	
List each executive branch compensation of any amount none, check the box.	agency before which you or other than your official salary.	a member of your imme Indicate whether you or a	ediate family repres a family member ap	ented or assisted others for peared before the agency. If
₩ None	t Somerissis (Manus Agreement 1985) et en 1878 (1988 (1988) en 1888) en 1888 (1988) et en 1888 (1988) et en 18	en al communication de la description de la communication de la company de la communication de la communication		
Nam	e of Agency	en per entre en experiencia de la compansión	Name of Ag	ency
1.		3.		
2.		4.		
	PART 8. BUSINE	SS WITH STATE AGE	NCIES	
List each executive branch age \$1,000 during the reporting per	ency to which you or a membe iod. Indicate whether you or a t	r of your immediate family family member sold the god	sold goods or serv ods or services. If no	ices with a value in excess of one, check the box.
None	MANY CONTRACTOR AND THE CONTRACTOR OF THE CONTRA	teritorio de Maria Maria, marca, el major, el maso y el momento de major valencia de la composició de la compo		
Name	e of Agency	and making the contrast of the	Name of Ag	ency
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P	ART 9. INCOME RECEIVEI	D BY MEMBERS OF IM	MEDIATE FAMIL	
List the type of economic active dependent child(ren) during the or more of income, list his or he not include gifts.	reporting period and the kind	of income represented. If	your spouse or dom	estic partner received \$1,000
Name of Spouse or Domes	tic Partner and Job Title	Type of Economic A Representing Source of Received		Kind of Income
Name: Sara Holmbon	m	1.Congressional 2.office staff	regional ¹	Salary
Job Title: Special Pro	jects Coordinator	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:				
Job Title:				
Job Title:				

la la l	PART 10. O	FFICER OR DIRECTOR	R POSITIONS		
held any office	ofit or nonprofit corporation, firm, association, trusteeship, directorship, or position of all ensated. If a family member listed, indicated	ny nature. Indicate whether	er you or a family hel	d the position and wh	liate family ether the posi-
None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
City Ha	t Western Fund 11 , ME 04330	Board Member	Self		No .
Charita Warren Pierce	and Elsie Viles ble Foundation c/o Winslow, Esq. Atwood , ME 04330	Board Member	Self		No
183 Sta	ne Sportsman te Street , ME 04330	Director	Self	_	Yes
affirm that the	e contents of this report are true, com	plete and accurate to th	e best of my know	ledge.	·
Subscribed a Signature of My commiss (Seal is optic		Sth day of Apprica A. Whi Doris A. W. NOTARY F State of M. Ay Commission Exp	ta Bor Mitaker PUBLIC Maine	Date 20 <u>//O</u> .	
	AD de any additional information below (a on you are providing. Use additional p			te the part or section	on number for
Part/Section Number	Organization	Title		n Held Famil Mem.	***
10	Down East Region; Porsche Club of Amer	Board	Self	_	No