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

Office: 45 Memorial Circle, Augusta, Maine



RECEPTE Phone: 207-287-4179

207-287-6775 Fax:

APR 2 1 2010

Maine Ethics Commission

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							
MARION MAGNUSSIA	Com	Commissione						
Department/Agency/Bureau/Division	Work Phon	Work Phone						
Oapt of Carredon	287	Commissive Work Phone 287-4360						
Department/Agency/Bureau/Division Department/Agency/Bureau/Division Out of Carredor Mailing Address, City, ZIP FIII SHS Augusta, Me 04333-0111								
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
None		\$						
Name of Employer	Address	Principal Type of Economic Activity of Employer						
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	1							
PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMENT OR LAW	PRACTICE						
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.								
None	and the second	- 190 dan mashamanna da tagama (A Mash M) di samatama, muu huusuu mashadda da Mashada da maraa da da da da da d						
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 DERN	VED FROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practic whichever is greater, and specify the principal type of economic activity form of disclosure is prohibited by law, rule, or an established code activity of the entity or person from whom the income was derived.	of the entity or person 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:	·
Address:	<u></u>
PART 3. OTHER SOU	RCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of box.	this form. Do not include gifts or honoraria. If none, check the
☑ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTAI	BLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list credit card liab made as campaign contributions, or business loans from regulated finance.	ilities, or educational 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. REPORT	TABLE 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.
None	
Name of Source of Gift	Name of Source of Gift
1,	
2. 4	l,

List the source of any honoraria accepted for appearances of	1	
CONTROL OF THE PROPERTY OF THE	or speeches related to your official capa	acity or duties. If none, check the box.
Name of Source of Honoraria	Nama c	ara manangan sanangan dipangan pangan pangan ana kabaharan sa si singan sapah halipin kabahari pangan pangan p ————————————————————————————————————
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PART 7. REPRESEN	ITATION BEFORE STATE AGEN	CIES
List each executive branch agency before which you o compensation of any amount other than your official salary none, check the box.	or a member of your immediate fan	nily represented or assisted others for
None		A Managang Managang Anggang ang mangang mga managang mga mga mga mga mga mga mga mga mga mg
Name of Agency	######################################	The state of Agency The state of Agency is the state of
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	NESS WITH STATE AGENCIES	the realization exposes of
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	ber of your immediate family sold goo a family member sold the goods or ser	ds or services with a value in excess or vices. If none, check the box.
None	to the control of the	
Name of Agency	**************************************	ame of Agency
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PART 9. INCOME RECEIVI List the type of economic activity representing each source dependent child(ren) during the reporting period and the kine or more of income, list his or her name and job title. List only not include gifts.	d of income represented. If your spot	d by your spouse or domestic partner or
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only	d of income represented. If your spot	d by your spouse or domestic partner or use or domestic partner received \$1,000 or received income of \$1000 or more. Do
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	PART 10. OF	FICER OR DIRECTOR	RPOSITIONS		
held any office, to	or nonprofit corporation, firm, association usteeship, directorship, or position of any sated. If a family member listed, indicate	y nature. Indicate whethe	er you or a family hel	d the position and who	liate family ether the posi-
None					
(SSS) (AM) EFF CAS A FAIR FAIR FAIR AND A FAIR AND A FILL AND A FAIR AND A FA	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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		SIGNATURE			
I affirm that the	contents of this report are true, comp	olete and accurate to the	e best of my know	ledge.	
Marte	Nagreere Signature		4/16	Poto	
Subscribed an	od sworn (affirmed) to before me this lotary Public/Attorney-at-law Martha S. Boyr n expires	Nautra II	Bozntn	20 <u>/ D</u> .	
	any additional information below (ar		<u>ara i e vijigaja pa</u>	te the part or section	on number for
the information	you are providing. Use additional pa	ages, if necessary.	eniment on a state of the State of State of the Community of the Community of the Community of the Community of	an Sandan sayan ke ka	
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