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APR - 9 2010

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

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 <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.

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EMPLOYEE INFORMATION				
Name	Title			
John Martins	Communications Director			
Department/Agency/Bureau/Division	Work Phone			
Department of Health and Human Services Mailing Address, City, ZIP	207-287-5012			
11 State House Station 221 State Steet Augusta, ME	04330			
PART 1. INCOME DERIVED FROM EMPLOYME	SUBSECUL ZERIE IN SUBSECUL STREET STATES AND A STATE A			
List the name and address of each employer from whom you received compensation economic activity of each employer.	of \$1,000 or more. Specify the principal type of			
None				
Name of Employer Address	Principal Type of Economic Activity of Employer			
	1			
	}			
PART 2. INCOME DERIVED FROM SELF-EMPLOYMEN	FOR LAW PRACTICE			
A. List the name and address of your business or law firm, if any, and list the major are derived income. If associated with a partnership, firm, professional association, or similar activity or practice of that entity.	as of economic activity or practice from which you ar business entity, list the major areas of economic			
None				
Name and Address of Business Entity or Law Firm Major Areas of Econom Practice (self)	ic Activity/ Practice (partnership, association, firm or similar business entity)			
Name:				
Address:	,			
Name:				
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.					
Principal Type of Economic Name and Address of Source Activity of Entity or Person Who is the Source of the Income					
Name:					
Address:					
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					
None					
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 reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans from a relative, loans that were made as campaign contributions, or business loans from regulated financial institutions. If none, check the box.					
□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 of more than \$300. If none, check the box.					
☑None					
Name of Source of Gift Name of Source of Gift 3.					
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PART 7 REF	PRESENTATION BEFORE ST	TATE ACENCIES	
List each executive branch agency before whic compensation of any amount other than your officione, check the box.	ch vou or a member of your in	mmodioto fomilia necessaria	d or assisted others and before the agency.
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Name of Agency		Name of Agency	entrope and the last and the second s
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	B. BUSINESS WITH STATE A	8 送った - 銀光道 - 金甲丁 ディスト 貫 ケー・カラミ (1-2) コール (2) (2) (2)	
List each executive branch agency to which you or \$1,000 during the reporting period. Indicate whather	r a member of your immediate fa	imily sold goods or services	with a value in excess
\$1,000 during the reporting period. Indicate whether	arthetar vou or a family member sold the	goods or services. If none, o	check the box.
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PART 10 OFFICE	E 121 TO AVERAGE . THE 12 THE	er ereddig i		
List any for-profit or nonprofit corporation, firm, association, par held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	re. Indicate whethe	er you or a family held	d the position and who	ether the posi-
None				
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, complete a	and accurate to the	e best of my knowle	edge.	
la a Mati		11101	2010	
Jan a Martens Signature			Date	
			Jale	
Subscribed and sworn (affirmed) to before me this 2^{9}	day of Do	nÌ,	20 <u>10</u> , 14	
Signature of Notary Public/Attorney-at-law	ne LVu	ellein		•
My commission expires 4/1/2014	& KA	THERINE LEE VEILLI	EUX §	4
(Seal is optional) (Date)	8 Not	tary Public, State of M Commission Expires 4/1	faine 🐒	·· t
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Please provide any additional information below (and on	additional sheets		te the part or section	on number for
the information you are providing. Use additional pages,	if necessary.			711 11 11 11 11 11 11 11 11 11 11 11 11
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