2009 Calendar Year



RECEIVED

MAY 1 0 2010

Maine Ethics Commission

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

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 Authory T. PEUB	BRAGN J	R	Title Charem AND				
Department/Agency/Bureau/Division /UP/IDE UNEMP/BYME, Mailing Address, City, ZIP 57 State House Station	.,,,,,.,,	olimin i transfer et et en de Manier et		ter to the control of			
Mailing Address, City, ZIP		e er er en					
57 State House Station	O, Augus	ta, Mie 04332)				
PART 1. II	NCOME DERIVE	D 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			titt i Tibooos (simmit et gjjing (1905/95)AbrijABillian AAIII brijkens om 1922/4 Allinaii	AALIII AIII V Phila shife ee hiirii ir is			
Name of Employer		Address		pe of Economic Activity of Employer			
	hall/height/h-forms-f-hallister (2000) and statement (2000) and statemen	Till vilkindare auther i erregen erregen projektionelle linkilling virke er en did er vilkilde vilkilde konstruere er V	@#\$	т. Поселения народиния регультарация (может предоставления две предоставления			
en e	annn sawann san sa karafaran sasiid sawatan paga sawat s		00001112884444 mmissariumin mempinengangangan pendamananan 1411 memerika kadi padapak	APPON (APPENDING APPENDING			
			1				
PART 2. INCOM	E DERIVED FRO	M SELF-EMPLOYMENT	OR LAW PRACTICE				
A. List the name and address of your busing derived income. If associated with a partner activity or practice of that entity.	ness or law firm, if a rship, firm, profess	any, and list the major areas ional association, or similar	s of economic activity or p business entity, list the m	practice from which you hajor areas of economic			
None	11111111111111111111111111111111111111	тенников у настанаровую рабонинатення то от нестолу моження не тереророга	gad kad kagama, amman an amman an an an amman an a	emine per meminente de de semá en una ser una ser un sema como competente que tente de seguir per per per per			
Name and Address of Business Entity of	or Law Firm	Major Areas of Economic Practice (self)	Activity/ (partnership,	s of Economic Activity/ Practice association, firm or similar usiness entity)			
Name:		- The second section of the sect		t en			
Address:							
Name:	ر در						
Address:							
	· · · · · · · · · · · · · · · · · · ·						

PART 2 (continued). INCOME DERIVED FROM SELF-EN	//PLOYMENT
B. List each source of income derived from self-employment or practice that represents more whichever is greater, and specify the principal type of economic activity of the entity or person form of disclosure is prohibited by law, rule, or an established code of professional ethics, sactivity of the entity or person from whom the income was derived.	from whom you derived such income. If this specify only the principal type of economic
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	untuuriteeta kasta kasta kasta kasta kasta kasta karatuuri kun ee waanna kasta kasta kasta kasta kasta karatuuri kun ee uuruuruuruuruuruuruuruuruuruuruuruuruur
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not inclubox.	de gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income
	(investments, leases, etc.)
Name: Address:	
	$p_{i+j,k+1}(p_{i+j,k+1},p_{i$
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 durareas of economic activity of each creditor. Do not list credit card liabilities, or educational lo made as campaign contributions, or business loans from regulated financial institutions. If none	pans, loans from a relative, loans that were
None	Principal Type of Economic
Name and Address of Creditor	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 m	nore than \$300. If none, check the box.
☑ None	
Name of Source of Gift Name	ame of Source of Gift
1. 3.	
2. 4.	

n .

In the continuous and particles are also the continuous and the contin	
	ORTABLE HONORARIA
TO THE OF THE PROPERTY OF THE	peeches related to your official capacity or duties. If none, check the box.
☐ None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
	TION BEFORE STATE AGENCIES
List each executive branch agency before which you or a compensation of any amount other than your official salary. In none, check the box.	member of your immediate family represented or assisted others for ndicate whether you or a family member appeared before the agency. If
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
	SS WITH STATE AGENCIES
List each executive branch agency to which you or a member o	of your immediate family sold goods or services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or a fan	nily member sold the goods or services. If none, check the box.
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9 INCOME RECEIVED I	BY MEMBERS OF IMMEDIATE FAMILY
Transfersion (1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	ncome of \$1,000 or more received by your spouse or domestic partner or
dependent child(ren) during the reporting period and the kind of	recome of \$1,000 or more received by your spouse or domestic partner or income represented. If your spouse or domestic partner received \$1,000 e job title of dependent children who received income of \$1000 or more. Do
	Type of Economic Activity
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Kind of Income Received
~ A.	f , J
Name: ANSELINA PENERADA 1. Job Title: Library Rids 2.	. Library 1. Employment
Job Title: Library Rids 2.	2.
3.	3.
Dependent Child(ren) - Job Titles Only	
	A CONTRACTOR OF THE CONTRACTOR
Job Title:	
Job Title:	
ourane accentina en araba a la familia de la compania de la compania de la compania de la compania de la compa	
Job Title:	

PART 10. OF	FICER OR DIRECTO	R POSITIONS		
List any for-profit or nonprofit corporation, firm, association held any office, trusteeship, directorship, or position of any tion was compensated. If a family member listed, indicate	nature. Indicate wheth	er you or a family held	d the position and wh	
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
	an vertice a common entrance and a common entrance.		o veneralis e de la companya de la c	
			The state of the s	
	The second secon			
	SIGNATURE			
I affirm that the contents of this report are true, complete the contents of the contents	ete and accurate to th	5/1	edge. <i>'C/{ (0</i> Date	ż
Subscribed and sworn (affirmed) to before me this _ Signature of Notary Public/Attorney-at-law	day of M	BAR#6	20 <u>10</u> . 964	
ADDI	ITIONAL INFORMAT	ION		
Please provide any additional information below (and the information you are providing. Use additional page		if needed). Indica	te the part or section	n number for
Part/Section Number				