

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. \$4 2010)

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.

CWFL	LOTEE INFORMATION	
Name Harold C. Prince	Title T)irector
Department/Agency/Bureau/Division Maine Dept. DIVISION OF Quality Assuran Mailing Address, City, ZIP 28 State House Station, August	ce + Regulations	none(207) 287-384/
PART 1. INCOME DERIN	VED FROM EMPLOYMENT BY AN	IOTHER
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000	or more. Specify the principal type of
None	$w_{i} = w_{i} + w_{i$	0.001, 0.002,
Name of Employer	Address	Principal Type of Economic Activity of Employer
PART 2. INCOME DERIVED FR	ROM SELF-EMPLOYMENT OR LA	W PRACTICE
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profesactivity or practice of that entity. None	if any, and list the major areas of econ ssional association, or similar business	nomic activity or practice from which you sentity, list the major areas of economic
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:	en e	
Address:		

PART 2 (continued). INCOME DERIVED FROM S	ELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represer whichever is greater, and specify the principal type of economic activity of the entity or form of disclosure is prohibited by law, rule, or an established code of professional activity of the entity or person from whom the income was derived.	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
	The Godfeet of the Medities
Name:	
Address:	magas sammata se segar segar sa se se se se se membro segar segar se segaraman segar se se se se se se se se s
Name:	
Address:	
PART 3. OTHER SOURCES OF INC	OME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not box.	not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name: Address:	
Audiess	
PART 4. REPORTABLE LIABILIT	IES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you rece areas of economic activity of each creditor. Do not list credit card liabilities, or educa made as campaign contributions, or business loans from regulated financial institutions.	ational 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. REPORTABLE GIFTS	5
List the specific source of gifts received during the reporting period with an aggregate value	alue of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2 4.	

PART 6. I	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances	or speeches related to your official capa	acity or duties. If none, check the box.
☑ None		
Name of Source of Honoraria	Name of	f Source of Honoraria
1.	3.	
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2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENC	DIES
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	or a member of your immediate fam ry. Indicate whether you or a family m	rily represented or assisted others for nember appeared before the agency. If
None		
Name of Agency	Na.	ame of Agency
1.	3.	
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2.	4.	•
PART 8 RUSI	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem	ber of your immediate family sold good	ds or services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or	a family member sold the goods or serv	vices. If none, check the box.
None	and Market was compared more consistent and assessment of the constraint of the cons	A. C.
Name of Agency	en de servicio de la compositione de la composition	ame of Agency
1.	3.	
2.	· · · · · · · · · · · · · · · · · · ·	en er er en en en See als calendaries announcement announcement en
2.	4.	
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	ED BY MEMBERS OF IMMEDIATE	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir or more of income, list his or her name and job title. List onl not include gifts.	nd of income represented. If your spou	ise or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
	Harris Dathart	r 1 +
Name: Sandra J. Trince	1. Housing Authority	1. Employment
Name: Sandra J. Prince Job Title: Information Specialist	3.	2.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
.loh 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	er til sammen grænner en men en men en kannen skale en maker kan sen kannen skale en sammen en sammen skale en	autoriante de la composição de la composiç			
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
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		Service Control			
			A CONTRACTOR OF THE CONTRACTOR		
	SIGNATURE				
affirm that the contents of this report are true, comple	te and accurate to the	he best of my knowl	edge.		
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X/ml/C/		3/23/	(/ ()		
Signature		***************************************	Date		
Subscribed and sworn (affirmed) to before me this 2 Signature of Notary Public/Attorney-at-law	M tay of M	irch	20 <u>10</u> .		
Subscribed and sworm (animied) to belove the anis on	Compared to	5			
Signature of Notary Public/Attorney-at-law	ic y run.				
My commission expires	LLE A. N EVAR EGAN Bry Public, Marine				
(Seal is optional) (Date) Commissi	on Expires August 1, 201	É			

ADDIT	FIGNIAL INTEGRAT				
The state of the s	FIONAL INFORMAT				
Please provide any additional information below (and		s if needed). Indica	te the part or section	n number fo	
the information you are providing. Use additional page	es, if necessary.				
Part/Section					
Number					