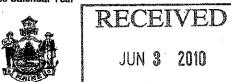
Title

2009 Calendar Year



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.

EMPLOYEE INFORMATION

Comment of the Control of the Contro		~ DZF	, in commissioner
Department/Agency/Bureau/Division		Work Ph	one
Lauralee K Department/Agency/Bureau/Division Maine Dept. of La Mailing Address, City, ZIP	bor, Office	of the Commissioner 20	7-621-5096
failing Address, City, ZIP	distribution and an extensive state of the second state of the sec	the material and the first of the company of the state of	the transferred expension opening a second way of the transferred to the second expension of the secon
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None			
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*PART 2 (continued). INCOME DERIVED FR	OM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that in whichever is greater, and specify the principal type of economic activity of the efform of disclosure is prohibited by law, rule, or an established code of profest activity of the entity or person from whom the income was derived.	Offity or nerson from whom you doring auch impanse. Wakin
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:	
PART 3. OTHER SOURCES)FINCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this for box.	m. Do not include gifts or honoraria. If none, check the
None	**************************************
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	(mvesuments, neases, etc.)
Address:	
Name:	
Address:	
Name: Address:	
Audies.	
PART 4. REPORTABLE UM	NBIETTIES 1. 22, 23, 24, 24 A.
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, o made as campaign contributions, or business loans from regulated financial institutions.	r educational loans loans from a misting loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PARTS: REPORTABLE	GIFFS
List the specific source of gifts received during the reporting period with an aggre	gate value of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
1.	

None		ces or speeches related to	your official capacity or duties. If n	one, or both the both.
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3-00-201-000-00-00-00-00-00-00-00-00-00-00-00-	PARTS. I	BUSINESS WITH STATE	EAGENCIES	
List each execu	utive branch agency to which you or a	member of your immediate	a family sold goods or services wit	h a value in excess o
\$1,000 during t	he reporting period. Indicate whether yo	ou or a family member sold	the goods or services. If none, che	ck the box.
None	$= 4 \times 10^{-10} \mathrm{GeV} + 1000 \mathrm{MeV} + 10$	all Marginer (Marginer) (Schoolse Schoolse and All Marginer) (Schoolse Schoolse Scho		
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50 - 100 ONALESTA	PART9. INCOMERE	CEIVED BY MEMBERS	OF 1MMEDIATE FAMILY	
			or more received by your season	
dependent child	economic activity representing each so d(ren) during the reporting period and the rne, list his or her name and job title. List.	he kind of income represen ist only the job title of depen	ited. If your spouse or domestic padent children who received income	armer received \$1 DA
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PART #0. OFFICE	R OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit or poration, firm, association, par held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate you	ure. Indicate whether y	ou or a family held	the position and whe	ate family ather the posi-
□ None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Emerge Maine Portland, ME 04104	board member	self	n/c	Vo
Maine Reoples Resource Center 565 Congress St. Ste 200 Portland, ME 04101	Secretary	se.lf	m/a	NO
	· 'en emb mandable			· .
	SIGNATURE			
I affirm that the contents of this report are true, complete	and accurate to the	best of my know	edge.	
		_to/:	3/10	
Signature		/	Date	
Subscribed and swom (affirmed) to before methic 3 Signature of Notary Public/Attorney-at-law My commission expires 08/04/12 (Seal is optional) (Date)	d day of Jun	dez.	20 <u>/0</u> .	
IIIIGGA:	onal informatic	N		
Please provide any additional information below (and on the information you are providing. Use additional pages	n additional sheets if s, if necessary.	needed). Indica	ite the part or section	on number for
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