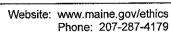
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine



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 <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.

EMPLO	YEE INFORMATION				
Name		Title			
Barbara A. Reduard		First i	Deputy Sec. of State		
Department/Agency/Bureau/Division	art stratigente Greenweeren voor All Andrik Anton 12 Met Green voor voor voor voor de keer et Allia in 1807 (22° 17° 2° 19°	Work Phone			
Secretary of State		1976 - 8408			
Department/Agency/Bureau/Division  Secretary of State  Mailing Address, City, ZIP  148 State House Station,	Augusta, 1	TE O	4333-0148		
PART 1 INCOME DERIVE	ED FROM EMPLOYMEN	NT BY ANO	THERE		
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation	of \$1,000 or	more. Specify the principal type of		
None					
Name of Employer	Address		Principal Type of Economic Activity of Employer		
Table 2 Say, Coll and December 1999 - Depth of College					
			**************************************		
	anders de la companya	ocuence aceus que es es en en en el control de acesses de acesses de la control de acesses de la control de ac			
			- History		
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYME	NT OR LAW	PRACTICE		
A. List the name and address of your business or law firm, it derived income. If associated with a partnership, firm, profes activity or practice of that entity.	f any, and list the major are ssional association, or simil	eas of econor ar business e	nic activity or practice from which you ntity, list the major areas of economic		
☑ None					
Name and Address of Business Entity or Law Firm	Major Areas of Econon Practice (self		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)		
Name:					
Address:	; ;		*		
Name:					
Address:			•		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment or practice that represents more than whichever is greater, and specify the principal type of economic activity of the entity or person from whichever is prohibited by law, rule, or an established code of professional ethics, specify activity of the entity or person from whom the income was derived.	hom 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:	
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 box.	s or honoraria. If none, check the
None	Kind of Income
Name and Address of Source	(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 areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, leading as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans that were
None	and it is to be made of the control
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name;	
Address:	
PART 5. REPORTABLE GIFTS	1811 - 18
List the specific source of gifts received during the reporting period with an aggregate value of more the	an \$300. If none, check the box.
None	FCAUSO of CIA
Name of Source of Gift Name of Gift Name of Source of Gift Name of Gift Nam	f Source of Gift
2. 4.	
<u></u>	

List the source of any honoraria accepted fo	r appearances o	r speeches related to your official capacity	or duties. If none, check the box.		
None			animanananimanananananananananan kerimanan harita kananananananan menganan kerimanan dalaman dalaman keriman d		
Name of Source of Hono	oraria	Name of Soc	irce of Honoraria		
1.		3.			
2.	auchan do resulte er comme die de Staffenheide de Station de Stati	4.			
reconnection of the contract o	駅間 野田 (2017年) 福田 サイト	TATION BEFORE STATE AGENCIES	September 1 September 1980 Tribban 1981 1981 1981		
List each executive branch agency befor compensation of any amount other than yo none, check the box.	re which you o our official salary	r a member of your immediate family r y. Indicate whether you or a family memb	epresented or assisted others for appeared before the agency.		
☑ None					
Name of Agency	SEPHNESS CONTRACTOR CO	Name Name	of Agency		
1.		<b>3</b> .			
2.	уургар түүн даган үч өсө өсө өсө байданы догооноор хамина айты сөн өбөгө өдө	4.			
List each executive branch agency to whicl \$1,000 during the reporting period. Indicate	h you or a mem	NESS WITH STATE AGENCIES ber of your immediate family sold goods of a family member sold the goods or services	r services with a value in excess s. If none, check the box.		
None					
None Name of Agency		Name	of Agency		
		Name 3.	of Agency		
Name of Agency			of Agency		
Name of Agency  1.  2.	OME RECEIV	3.			
Name of Agency  1.  2.	ing each source	3.  4.  ED BY MEMBERS OF IMMEDIATE FACTOR OF INCOME of \$1,000 or more received by and of income represented. If your spouse of the property of	AMILY your spouse or domestic partner or domestic partner received \$1,00		
PART 9. INC List the type of economic activity represent dependent child(ren) during the reporting por more of income, list his or her name and	ting each source eriod and the kir job title. List only	3.  4.  ED BY MEMBERS OF IMMEDIATE FACTOR OF INCOME of \$1,000 or more received by and of income represented. If your spouse of the property of	AMILY your spouse or domestic partner or domestic partner received \$1,00		
1.  2.  PART 9: INC List the type of economic activity represent dependent child(ren) during the reporting por more of income, list his or her name and not include gifts.  Name of Spouse or Domestic Partner as	ting each source eriod and the kir job title. List only and Job Title	3.  4.  ED BY MEMBERS OF IMMEDIATE For of income of \$1,000 or more received by and of income represented. If your spouse of the job title of dependent children who recome a specific s	your spouse or domestic partner or domestic partner received \$1,00 peived income of \$1000 or more. E		
Name of Agency  1.  2.  PART 9: INC List the type of economic activity represent dependent child(ren) during the reporting por more of income, list his or her name and not include gifts.	ting each source eriod and the kir job title. List only and Job Title	3.  4.  ED BY MEMBERS OF IMMEDIATE F.  of income of \$1,000 or more received by and of income represented. If your spouse of your the job title of dependent children who recome a specific process of the presenting Source of Income Received	AMILY your spouse or domestic partner of domestic partner received \$1,00 peived income of \$1000 or more. Explayment  1. Euplayment		
1.  2.  PART 9: INC List the type of economic activity represent dependent child(ren) during the reporting por more of income, list his or her name and not include gifts.  Name of Spouse or Domestic Partner as	ting each source eriod and the kir job title. List only and Job Title	3.  4.  ED BY MEMBERS OF IMMEDIATE F.  of income of \$1,000 or more received by and of income represented. If your spouse of y the job title of dependent children who received  Type of Economic Activity Representing Source of Income Received  1. General Contractor 2.	your spouse or domestic partner or domestic partner received \$1,00 peived income of \$1000 or more. It kind of Income		
Name of Agency  1.  2.  PART 9: INC List the type of economic activity represent dependent child(ren) during the reporting pror more of income, list his or her name and not include gifts.  Name of Spouse or Domestic Partner at Name: Joseph P. Curat Job Title: Supervisor	ting each source eriod and the kir job title. List only and Job Title	3.  4.  ED BY MEMBERS OF IMMEDIATE F.  of income of \$1,000 or more received by and of income represented. If your spouse of y the job title of dependent children who received  Type of Economic Activity Representing Source of Income Received  1. General Contractor 2.	your spouse or domestic partner or domestic partner received \$1,00 peived income of \$1000 or more. Exployment  1. Employment 2.		

PART 10. OFFI	CER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pheld any office, trusteeship, directorship, or position of any n tion was compensated. If a family member listed, indicate you	partnership or business i	in which you or a m	i the position and wit	liate family ether the posi-
None				N. C.
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- safed?
Dam Road Owners Assu. do 65 Dam Rd	Secretary/ Treasurer			NO
Vassalboro, ME 04989	Treasurer	300		# -
	and the second s		The Control of the Co	
	SIGNATURE			
I affirm that the contents of this report are true, comple	te and accurate to the	e best of my know	ledge.	
Barbara A. Redremo		3	9/10 Date	
Subscribed and sworn (affirmed) to before me this	29 day of <u>MC</u>	uch	20 <u>10</u> .	
Signature of Notary Public/Attorney-at-law	n C'Harry	ey las	LYNN HA Notary Publ	ic-Maine
My commission expires	_ <del></del>		My Commissi July 03,	2014
	TIONAL INFORMATIO			
Please provide any additional information below (and the information you are providing. Use additional pag	on additional sheets jes, if necessary.	if needed). Indica	ate the part or secti	on number for
Part/Section Number				