2009 Calendar Year



Name

RECEIVED MAY 1 8 2010

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

LEUSUM

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 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

Department/Agency/Bureau/Division		et Phono			
Department/Agency/Bureau/Division Wall DU CoulEN SATION Mailing Address, City, ZID TATE House	RARD	rk Phone			
Mailing Address, City, ZIB		201 70 II	. San _ a		
27 STATE HOVE	TATION				
0 / 30,00 10 2					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER					
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$	1,000 or more. Specify the	principal type of		
None	34 V (1977 V (1978 X (1978 X V (1978 X Y (1978 X V (1978 X Y (1978 X Y (1978 X Y (1978	A TOTAL AND THE STATE OF THE ST			
Name of Employer	Address	Principal Type of E of Emp			
		7.47.44			
		•			
The Company					
PART 2 INCOME DERIVED FRO	OM SELF-EMPLOYMENT O	R LAW PRACTICE			
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.					
None	Gabille. 1134 skiel, general stage of the st	A ASSESSMENT AND A ASSE			
Name and Address of Business Entity or Law Firm	Major Areas of Economic Ad Practice (self)	Major Areas of Editivity/ Prac (partnership, associa business	tice ation, firm or similar		
Name:		The state of the s	The state of the s		
Address:					
Name:		error (1000) (1700) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000)			
Address:					
		Yes			

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYME	ENT
B. List each source of income derived from self-employment or practice that represents more than 10% whichever is greater, and specify the principal type of economic activity of the entity or person from whom form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify onl activity of the entity or person from whom the income was derived.	you derived such income. If this
Name and Address of Source A	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name: Address:	iki da
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	TRANSPORTER TO THE PROPERTY OF
Name and Address of Source	Kind of Income
NO ING DIRECT / WILMINGTON, DERAWARES D	(investments, leases, etc.)
) larestment
1 00005 0005	INVESTMENT
Address: BALTWORE MANNEND	124021202
Name: Menits in Fung luc	
Name: Merrito in Fring, he Address: Phritence, he	WESTMENT
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 repareas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans made as campaign contributions, or business loans from regulated financial institutions. If none, check the	from a relative, loans that were
₩ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	·
Name:	78 VAVV (11.1.2.7 MIN. 20.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Address:	·
DANG DEPOPTABLE OFFI	
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 hov
	OCC. II IIOIO, OIGGI IIG DOA.
Name of Source of Gift Name of Source of Gift	urce of Gift
1. 3.	
2. 3	

PART 6	S. REPORTABLE HONORARIA
List the source of any honoraria accepted for appearance	es or speeches 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.
PART 7. REPRES	SENTATION BEFORE STATE AGENCIES
	ou or a member of your immediate family represented or assisted others for alary. Indicate whether you or a family member appeared before the agency. If
☑ None	
Name of Agency	Name of Agency
1.	3 .
2.	4.
PART 8. BU	USINESS WITH STATE AGENCIES
	nember of your immediate family sold goods or services with a value in excess of u or a family member sold the goods or services. If none, check the box.
None	,
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. INCOME REC	EIVED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the	urce of income of \$1,000 or more received by your spouse or domestic partner or e kind of income represented. If your spouse or domestic partner received \$1,000 tonly the job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income
Name: Jenifer Rohde Job Title:	Geo. Milhousson Trust interest in Trust 26,20, M. Thousson Trust #3 3, Geo. M. Thousson Trust #3 3, interest in trust 4. beo. M. Thousson Education 4. interest in trust
Dependent Child(ren) - Job Titles Only	nwse
Job Title:	
Job Title:	
Job Title:	

PART 10. OFFICER	OR DIRECTOR I	OCITIONS	-	······
List any for profit or nonprofit corporation, firm, association, partner held any office, trusteeship, directorship, or position of any nature tion was compensated. If a family member listed, indicate your re	ership or business in Indicate whether y	n which you or a m	I the position and whe	ate family ther the posi-
None	- The state of the	Control of the Contro		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Sic	NATURE		-	
I affirm that the contents of this report are true, complete and	d accurate to the	best of my knowl	edge.	
1180 3 4		- /	1	
John Kelhle	•	5/17	-110	
Signature	-		Date	
12+	h	. 9		
Subscribed and sworn (affirmed) to before me this 1	_ day of/A	ig.	20 <u>10</u> .	
Signature of Notary Public/Attorney-at-law Klam	emaler	mey		
My commission expires		EYN	NE McKENNEY	.
(Seal is optional) (Date)		My Commission	we mckenner ublic • State of Maine n Expires October 7	, 2014
ADDITIONA	AL INFORMATIO	N		: '
Please provide any additional information below (and on ac		needed). Indica	te the part or sectio	n number for
the information you are providing. Use additional pages, if	Hecessaly.	YAZIYANYA WARANIA YAYANI WAXAA AA	NTN-SAMERIKATTA PIRISAN TERROSINI (MINISAN Y WANDRIGHA TERROSI "TJAIF" TERLONG "BARE AND TERROSINI SAMERIKA TE	
Part/Section Number				*
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