

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

Office: 45 Memorial Circle, Augusta, Maine lebsite: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. \$ 100 Commission)

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 PATRICIA 6 RYAN				Title GX524715 THRECTOR				
Department/Ageney/Puregy/Division		A	367-1-126	16/I- Db				
Mawe ityman	KAGHTS	GOWW.	· · ·	-34-6063				
Mailing Address, City, ZIP 51 State Hanse								
PART 1. INCC	OME DERIVED FR	ROM EMPLOYMI	ENT BY ANO	OTHER				
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.								
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Name of Employer		Address	**************************************	Principal Type of Economic Activity of Employer				
PONITION (TO THE OTHER OF THE ASSESSMENT OF THE OTHER OF THE OTHER	. Principal Anna Anna Anna Anna Anna Anna Anna An	i ildirandishindi ggarilind [Ağısızındı, parlayeriliyi (Aydığı, qir) parlandı ild diriyaren ildiranma						
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			:					
PART 2. INCOME D	ERIVED FROM SI	ELF-EMPLOYME	ENT OR LAW	/ PRACTICE				
A. List the name and address of your business derived income. If associated with a partnership activity or practice of that entity.	or law firm, if any, a p, firm, professional	and list the major a association, or sim	reas of econor ilar business e	mic activity or practice from which you entity, list the major areas of economic				
💆 None	food tot 2 straight name that a comment of the comm	t det tjedt fan met trom en						
Name and Address of Business Entity or La	aw Firm : Ma	ajor Areas of Econo Practice (se	mic Activity/	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)				
Name:		THE PROPERTY OF THE PROPERTY O	Andrahammayanasyra,	**************************************				
Address:								
Name:		parameter and the state of the	**************************************					
Address:								

PART 2 (continued). INCOME DERIVED FROM SELF-EMPL	OYMENT
B. List each source of income derived from self-employment or practice that represents more that whichever is greater, and specify the principal type of economic activity of the entity or person from form of disclosure is prohibited by law, rule, or an established code of professional ethics, speciactivity of the entity or person from whom the income was derived.	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
Name:	
Address:	
Name:	and a manageral and an annual and an annual pholody in magnitude and a spiritude plant and an annual pholody of the pholody of
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 g box.	ifts or honoraria. If none, check the
None	min y y y man y parameter and the state of t
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	ricentiarentija daan verstatation kerkinnike hill (MAA) delektrik verstak hill (MAA)
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 areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans made as campaign contributions, or business loans from regulated financial institutions. If none, che	, 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	
List the specific source of gifts received during the reporting period with an aggregate value of more	than \$300. If none, check the box.
None	
1. 3.	
2. 4.	

DARTA DEDORTADE HIGHOADA									
PART 6. REPORTABLE HONORARIA  List the source of any honoraria accepted for appearances or speeches related to your official capacity or duties. If none, check the box.									
	eeches 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. REPRESENTATION BEFORE STATE AGENCIES									
List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. If none, check the box.									
None									
Name of Agency	Name of Agency								
1. WORKEL'S COMP BOOLD(Spons	Name of Agency  3. UNEMPLOYMENT COMP BD (Sponse)								
2. Retilement system (spouse)	4.								
PART 8. BUSINESS	S WITH STATE AGENCIES								
List each executive branch agency to which you or a member 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 family member sold the goods or services. If none, check the box.									
Name of Agency	Nose of Assessment								
	Name of Agency								
	3.								
2.	4.								
	SY MEMBERS OF IMMEDIATE FAMILY								
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.									
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Kind of Income Received								
Name: Charles R Prost 1.	STATE REPRESENT. 1.5 MPLOYMENT FACT FINDER ?								
Job Title: Attoney 3.	STATE PROPERENT. 1.5 MPLOYMENT FACT FINDER 2. LENTAL UNITS 3. RENTS Sewer District 4 Goard Service								
Dependent Child(ren) - Job Titles Only									
Job Title:									
Job Title:									
Job Title:	·								

	PART 10. OFFICE	R OR DIRECTOR P	POSITIONS		w <u> </u>			
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		6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	anning transferred Spanish anning Spanish Spanish was transferred and State of State Spanish Spanish		tura esta persona e la constante esta decenda de la constante que			
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?			
Brun	Tunck Sewer Board	Chare	Spanse	C. Plust	¥ 5			
			thank the state of					
		SIGNATURE		1				
Subscribed and sworn (affirmed) to before me this 22 day of AV 2010.  Signature of Notary Public/Attorney-at-law  My commission expires (Seal is optional)  (Date)  According to the best of my knowledge.  4-22-10  Date  CINDY S. ROCQUE  Notary Public-Maine  My Commission Expires  October 21, 2013								
		NAL INFORMATION						
Please provide the information	e any additional information below (and on a you are providing. Use additional pages,	additional sheets if necessary.	needed). Indicate	the part or section	number for			
Part/Section Number								
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