

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

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A.

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 INFORMATIO	ON						
Name	Títle						
ELLEN JANE SCHNETTER	STATE BUDGET OFFICER						
Department/Agency/Bureau/Division	Work Phone						
BURROU OF BUDGET / DAFS	592-1286						
Mailing Address, City, ZIP							
585HS, AUGUSTA, HE 04330:0058							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
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.							
None							
Name of Employer Address	Principal Type of Economic Activity of Employer						
PART 2. INCOME DERIVED FROM SELF-EMPLOY	MENT OR LAW PRACTICE						
A. List the name and address of your business or law firm, if any, and list the majo derived income. If associated with a partnership, firm, professional association, or sactivity or practice of that entity.	or areas of economic activity or practice from which you similar business entity, list the major areas of economic						
None							
Name and Address of Business Entity or Law Firm Major Areas of Ecc 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-EMP	LOYMENT
B. List each source of income derived from self-employment or practice that represents more the 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, specactivity of the entity or person from whom the income was derived.	m 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:	
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 box.	gifts or honoraria. If none, check the
None	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name:	
Address:	
Name:	NO TIPE AND
Address:	
Name:	ен и при выстоя на том выполнять по подать, на подолжения было не не на применения на не на на на на на на над На применения на
Address:	
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any unsecured 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 None	s, loans from a relative, loans that were
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Warrana Address:	
Name:	de La Communicati de Colombia de la Colombia de La La Colombia de La Co
Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more	e than \$300. If none, check the box.
None	
Name of Source of Gift Name 1. 3.	e of Source of Gift
2. 4.	

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.							
None							
Name of Source of Honoraria	1 delahah delah diminisi delam 1999 группа мутуп тарардың мүүлдө декер терере 1999 году байда алып алып тарап Эмерикан тарап	Name of Source of Honoraria					
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2.	4.						
	:						
PART 7. REPRESENT	TATION 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	mmoon, towasta, sistalii suusisuskyimuuu kyhdelijuusill uskuusissel mehsuusiyninel afjuninilisi mmosiikk						
Name of Agency	ATHARAN MARIANTAN MARIAN MARIAN MARIAN MARIANTAN MARIANTAN MARIANTAN MARIANTAN MARIANTAN MARIANTAN MARIANTAN M	Name of Agency					
1.	3.	tidad Hailmandon de Gregoria (1900) (
	J.						
2.	4.						
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PART 8 RUSIN	IESS WITH STATE AGEN	CIES					
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family s	sold goods or services with a value in excess of					
	Tamily member sold the good	IS OF SERVICES. IT HOHE, CHECK THE DUX.					
NAME OF THE PROPERTY OF THE PR	Стительный при в серения дена при в серения в серен						
Name of Agency	it vijanjanja 1550 sakka na kuju kuju kuju kwa 1848 ilihaji ilimakii kalikali kuju kaka milia 1500 kaka milian	Name of Agency					
1.	3.						
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2.	4.						
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMM	IEDIATE 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 Ac Representing Source of Received						
	!						
Nome: la aux Caucas	1. Legal Services	1. Regular pauroll					
Name: JACK COMART Job Title: ATTORNEY	1. Legal Services 2.	1. Kegular Fayroll 2.					
Job Title: ATTOENEY	3.	3.					
Dependent Child(ren) - Job Titles Only							
Job Title:							
Job Title:							
Job Title:							

	PART 10. OFFIC	ER 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									
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		Total voice of the control of the co							
		SIGNATURE							
Subscribed and sworn (affirmed) to before me this 24 day of MARCH, 20/0. Signature of Notary Public/Attorney-at-law My commission expires									
	ADDITIC any additional information below (and on you are providing. Use additional pages			e the part or section	n number for				
Part/Section Number	, you are providing. Ose auditional pages.	eggisteren französische Australian der Steinschaft der Steinsc							