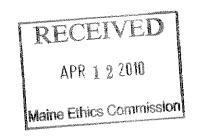
2009 Calendar Year





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

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						
Name Title LAUREN STEWART Department/Agency/Bureau/Division VURUC SAFETY HIGHWAY SAFETY Mailing Address, City, ZIP 164 SHS AUGUSTA, ME. 04333-016 PART 1. INCOME DERIVED FROM EMPLOYMENT BY	1) 11 12 CTOPC 12 Phone 1007 62 638 40					
Mailing Address, City, ZIP 164 SHS AVGUSTA, ME. 04333-014	, Y					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation of \$1 economic activity of each employer.	,000 or more. Specify the principal type of					
None						
Name of Employer Address	Principal Type of Economic Activity of Employer					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OF	LAW PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of derived income. If associated with a partnership, firm, professional association, or similar businessional association of that entity.	economic activity or practice from which you ness entity, list the major areas of economic					
₽ None						
Name and Address of Business Entity or Law Firm Major Areas of Economic Acti Practice (self)	Major Areas of Economic Activity/ vity/ 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 w form of disclosure 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 <u>not listed</u> in Parts 1 or 2 of this form. Do not include gift box.	s or honoraria. If none, check the
None	EROTO PROPERO PROSES DEL TELENTO COMO REMENSANT PROSES PROPERO O PORTE E PROPERO A SUM EL CANONICA EL CONTRE EL CANONICA EL CA
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	V
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 th areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, I made as campaign contributions, or business loans from regulated financial institutions. If none, chec	oans from a relative, loans that were
None	ngkangg ng kupangg Kangkat A 1998 (Angkat A 1998 (Angka) A 1999 (Angka) A 1999 (Angkat A 1998 (Angkat A 1
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 the	an \$300. If none, check the box.
None	n man man man man man man man man man ma
$= \frac{1}{2} \left(\frac{1}{2} \right) \right) \right) \right) \right) \right) }{1} \right) \right) } \right) } \right) \right) } \right) \right) } \right) } \right) $	Resource of Gift
1. 3.	
2. 4.	

	EPORTABLE HONORARIA
	speeches related to your official capacity or duties. If none, check the box.
None Name of Source of Honoraria	
(Shee) Company (Shee)	Name of Source of Honoraria
1.	3.
2.	
2.	4.
	TATION BEFORE STATE AGENCIES
compensation of any amount other than your official salary. none, check the box.	a member of your immediate family represented or assisted others for 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. BUSINI	ESS WITH STATE AGENCIES
List each executive branch agency to which you or a membe	er 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 f	family member sold the goods or services. If none, check the box.
Name of Agency	Name of Agency
Thanks of Agency	Name of Agency 3.
1.	3 .
2.	4,
	44.
	D BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kind (f income of \$1,000 or more received by your spouse or domestic partner or of income represented. If your spouse or domestic partner received \$1,000 he 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
	1. STATE EMPLOYEE 1. EMPLOYMENT
Job Title: DIRECTOR COMPLIANCE	2. 3. 3.
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Títle:	

SIGNATURE affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature Subscribed and sworm (affirmed) to before me.this Inizinctiday of Signature of Notary Public/Attorney-at-law My commission expires IN SIGNATURE ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.		PART 10	. OFFICER OR DIRECTOR	POSITIONS		
Organization/Business and Address Regunal Self By: Family Member's Composite of the Self Self Ab SIGNATURE affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature of Notary Public/Attorney-at-law My commission expires 11 Self My Commission Expir	held any office,	trusteeship, directorship, or position	of any nature. Indicate whether	r you or a family hel	d the position and wh	diate family ether the posi
SIGNATURE SIGNATURE SIGNATURE SIGNATURE Application and Address SIGNATURE SIGNATURE SIGNATURE SIGNATURE Application and the contents of this report are true, complete and accurate to the best of my knowledge. Signature Signature of Notary Public/Attorney-at-law My commission expires (Seal is optional) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.	☐ None			ter (1995) time to the control of th	ar e transmine (1996) de la 1933 (1965) de 1954, en 1965 (1965) de 1965 (1966) de 1966 (1966) de 1966 (1966) d	657 4 2002 - Armite Call C. Delle Delle St. Street Armite Delle Street
SIGNATURE affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature Subscribed and sworn (affirmed) to before me this live to day of the best of my knowledge. Subscribed and sworn (affirmed) to before me this live to day of the best of my knowledge. Subscribed and sworn (affirmed) to before me this live to day of the best of my knowledge. Subscribed and sworn (affirmed) to before me this live to day of the best of my knowledge. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.			Title	the second secon		Compen- sated?
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. 3/30/30/0 Signature Subscribed and sworn (affirmed) to before me this highichday of the last of Notary Public/Attorney-at-law Michelle L. WARD Notary Public, State of Maine (Seal is optional) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.	G.H.S.	4.	Regional Rep.	Self		D
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. 3/30/30/0 Signature Subscribed and sworn (affirmed) to before me this highichday of the last of Notary Public/Attorney-at-law Michelle L. WARD Notary Public, State of Maine (Seal is optional) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.						
Subscribed and sworn (affirmed) to before me this higher day of after 2010. Signature of Notary Public/Attorney-at-law higher day of Michelle L. WARD My commission expires 11 5 2016 (Seal is optional) (Date) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary.			SIGNATURE		The second secon	
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Subscribed and sworn (affirmed) to before me this highichday of the control of th				,	,	
Signature of Notary Public/Attorney-at-law Michelle L. WARD My commission expires 11 5 2016 (Seal is optional) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing. Use additional pages, if necessary. Part/Section	No I		<u> </u>	3/3	20 / 20 / 0 Date	
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the information you are providing. Use additional pages, if necessary. Part/Section			ADDITIONAL INFORMATION	ON		
	Please provide the information	e any additional information below n you are providing. Use addition	v (and on additional sheets i al pages, if necessary.	f needed). Indica	te the part or section	on number fo
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