2009 Calendar Year



Address:



GOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Managerial Circle Augusta, Maine

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	į.	Title		
Marina E. Thibeau		Director, 1	Legal Affairs	
Department/Agency/Bureau/Division	2	Work Phone		
Department of Health and Human Se	287-4252	4252		
Mailing Address, City, ZIP				
11 State House Station, Augusta,	Maine, 04333-001	11	···	
PART 1. INCOME DERIN	VED FROM EMPLOYMENT	ΓBY ANOTHER		
List the name and address of each employer from whom economic activity of each employer.	you received compensation of	of \$1,000 or more.	Specify the principal type of	
₩ None	IIIAIIN OO HIIIN woodd all "	al Sauren on on the green to summer the market and the Sobrati Markal Assaure		
Name of Employer	Address	Princip	al Type of Economic Activity of Employer	
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PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMENT	OR LAW PRACT	TICE	
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major area essional association, or similar	s of economic activit business entity, list	y or practice from which you the major areas of economic	
☑ None	THE AND STATE OF THE STATE OF T	<u> </u>	and the state of t	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Practice (self)	: Activity/	Areas of Economic Activity/ Practice rship, association, firm or similar business entity)	
Name:		es este est est est est est est est est		
Address:		÷		
Name:				

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:	etikali di selabum di seman kantua kancan sasa mangangan pangangan pangangapangapan selabum kangan pangan pang
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 gifts box.	s or honoraria. If none, check the
None	(1889) эт на 1880 г. — На 1882 г Станува (1884 г. — 1884 г. — 1882 г. — На 188
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Bank of America Address: PO Box 219038 Kansas City, MO 64121	Investment
Name: Kennebec Savings Bank Address: 150 State Street Augusta, Maine 04330	Investment
Name: Border Trust Company 227 Water Street Augusta, Maine 04330 SEE SECOND PAGE	Investment E
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, keep made as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans that were
None ■	optimeter (1964)
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	tti paritat ta ta ta ta escribilit emergi de eme un escribilit emengangangangangangangang pagan ganggang
Address:	
Name: Address:	
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more that	an \$300. If none, check the box.
None None	
Name of Source of Gift 1. 3.	f Source of Gift
2. 4,	
4,	

PART 6. REPORT	TABLE HONORARIA
List the source of any honoraria accepted for appearances or speech	
None	tes related to your official capacity or duties. If note, the box.
Name of Source of Honoraria	Name of Source of Honoraria
MPT-SET A SHAD AND BELLAN THE COMMEND OF THE SHAD AND ADDRESS AND	200 Audited (2004) (200
1.	3.
2.	4.
PART 7. REPRESENTATION	N BEFORE STATE AGENCIES
List each executive branch agency before which you or a mer compensation of any amount other than your official salary. Indication, check the box.	mber of your immediate family represented or assisted others for ate whether you or a family member appeared before the agency. If
☑ None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 8 BUSINESS W	WITH STATE AGENCIES
\$1,000 during the reporting period. Indicate whether you or a family r	our immediate family sold goods or services with a value in excess of member sold the goods or services. If none, check the box.
*** None	
Name of Agency	Name of Agency
1.	3.
2.	4.
	Accounts to the second
der en de la companya	MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kind of inco or more of income, list his or her name and job title. List only the job t not include gifts. N/A	ne of \$1,000 or more received by your spouse or domestic partner or ome represented. If your spouse or domestic partner received \$1,000 title of dependent children who received income of \$1000 or more. Do
	Type of Economic Activity epresenting Source of Income Received Kind of Income
Name:	1.
2.	<u>,</u> 2.
Job Title: 3.	3.
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Title:	

id eilenemognengygepynyngagyewepaenekieney	offit or nonprofit corporation, firm, associat trusteeship, directorship, or position of a ensated. If a family member listed, indica	any nature. Indicate wheth	er you or a family held	d the position and whe	
None None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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