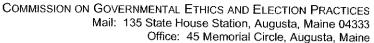
2009 Calendar Year

RECEIVED

APR - 9 2010





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 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

	entra de la company de la comp							
Name		i	Γitle ∩ ¯	TO CLOO				
Pichard B. Thompson, G. Chief Internation officer Department/Agency/Bureau/Division Work Phone Work Phone Work Phone Mailing Address, City, ZIP Technology								
DEST. Of Administrative Financia	al Serv. loft	fice of Intermation	الحا	4-7568				
Mailing Address, City, ZIP	1 1	Technolo						
LI45 STATE HOUSES	stod-10	N, Hugust	am	IE 04333				
PART 1. INCOM	//E DERIVED	FROM EMPLOYMENT	BY ANO	THER				
List the name and address of each employer fro economic activity of each employer.	om whom you	received compensation o	f \$1,000 o	r more. Specify the principal type of				
None	Proceedings of the Process Administration of the Process Administr	Pra vonlah dalam daran 1980 (Prastinal Praktinal III) (Praktinal Armandan ang Praktinal Armandan Albanian Arma Transis daran 1980 (Praktinal Praktinal III) (Praktinal Armandan and Praktinal Armandan Armandan Armandan Arma	PAIIIZ Pailizer et connext contaques (1990). III	III ABAA A INA MIYA MAYA MAYA MAYA A INA MAYA				
Name of Employer		Address	IIIIII alaPale alamo, e romini mana	Principal Type of Economic Activity of Employer				
		altogannya-parela-pela-pela-pela-pela-pela-pela-pela-p		[] [] [] [] [] [] [] [] [] [] [] [] [] [
			}					
	- control of the second control of the secon	erspenseren Verenten Ser State blisherede for Angeles State en de en en een een een een een fersteelde skille Made	illelerinilleriseenisteriseenisteriseenise	1649995499999999999999999999999999999999				

PART 2. INCOME DEF	RIVED FROM	/ SELF-EMPLOYMENT	OR LAW	PRACTICE				
A. List the name and address of your business or	r law firm, if a	ny, and list the major areas	of econor	nic activity or practice from which you				
derived income. If associated with a partnership, activity or practice of that entity.	firm, professio	onal association, or similar	business e	ntity, list the major areas of economic				
None	(TEV/)	andramaturk e men ili van an understedendelijk in de samtilj lederine ele y samme lement med understeden en se	mil/1 1574745 //mmmmm m.g.1,111 404449	An displayed Antique and with the second				
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Practice (self)		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)				
Name:	:			от каман макендин 1999 (19-19-19-19-19-19-19-19-19-19-19-19-19-1				
Address:	:			*				
Name:			at the transfer and the contribution of the Section Contribution of the Section Contribution of the Section Co					
Address:								

PART 2 (continued). INCOME DERIVED F	ROM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that whichever is greater, and specify the principal type of economic activity of the form of disclosure is prohibited by law, rule, or an established code of profe activity of the entity or person from whom the income was derived.	entity or person from 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 for box.	rm. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	manifest and the state of the s
Address:	
PART 4. REPORTABLE LI	ABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list credit card liabilities, or made as campaign contributions, or business loans from regulated financial inst	or educational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	•
Name:	an calament and a substitute of construction of the construction o
Address:	
PART 5. REPORTABLE	GIFTS
List the specific source of gifts received during the reporting period with an aggr	
☑ .None	
Name of Source of Gift	Name of Source of Gift
1. 3.	
2.	

PART 6.	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances		ties. If none, check the box.
None		Separate many or the highly included and included an analysis of the property of the highly included an analysis of the property of the highly included and the highly include
Name of Source of Honoraria	Name of Source of	of Honoraria
1.	3:	
2.	4.	turmunenne grund er er 1994 hande fildet de hens schwerig genera, getung hand filde an stemme gebaum hande gehan.
PART 7. REPRESE	ENTATION BEFORE STATE AGENCIES	
List each executive branch agency before which you compensation of any amount other than your official sala none, check the box.	or a member of your immediate family represent. Indicate whether you or a family member ap	sented or assisted others for opeared before the agency. If
None		and the shortest of promoting conservation on the standard and the shortest of
Name of Agency	Name of Ag	ency
1.	3.	
2.	4.	nnedelikalaan nangang gerejan gepalak di dilamis hakada ad kada pepenang pengulan di dilamis palamis hakadi sa
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you or	SINESS WITH STATE AGENCIES mber of your immediate family sold goods or service a family member sold the goods or services. If no	ices with a value in excess of one, check the box.
None		
Name of Agency	Name of Ag	ency
	3.	
2.	4.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE FAMIL'	Υ
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill or more of income, list his or her name and job title. List on not include gifts.	ind of income represented. If your spouse or doming the job title of dependent children who received	nestic nartner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: JOYCE E. THOMPSON	1. Temporumy strages no 6. 2. 2.	SALLARY- PART TIME
Job Title: BOOK KEEPER	3.	
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

			PART 10. OFFIC	ER OR DIRECTOR	POSITIONS		
held any of	fice, trusteesh	nip, directorship	n, firm, association, pa , or position of any nat ber listed, indicate you	ture. Indicate whether	r you or a family hele	d the position and who	iate family ether the posi-
☐ None							to a man to the second or the second of the
#03-07/2724/PP21735-035-4 P22A-4-100-4P4-4	Organization/Business and Address		temporal pod at honour local commonwell and political and modellimic translet and head has been seen to the see	Title	Position Held By:	Family Member's Name	Compen- sated?
MAINE	STATE	CREDIT	U&10~	Director	Se/f		ЮO
				SIGNATURE			
			The second of th	and the second s			
I affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Quil 8, 2010 Signature Date							
Subscribed and sworn (affirmed) to before me this E day of April , 20 10. Signature of Notary Public/Attorney-at-law about the subscribed and sworn (affirmed) to before me this E day of April , 20 10.							
My comm (Seal is o	My commission expires April 28, 2012 (Seal is optional) (Date) SALVATORE GIACOMAZZO MY COMMISSION EXPIRES APRIL 28, 2012						
			ADDITIO	ONAL INFORMATION	NC		
Please pro the informa	ovide any ad ation you are	ditional inform providing. U	nation below (and or Jse additional pages	additional sheets i , if necessary.	f needed). Indica	te the part or sectio	n number for
Part/Section Number)						
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