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.

EMPL	EMPLOYEE INFORMATION						
Name	Title						
Recinald Tremblay		1.01 KM-25-1					
Department/Agency/Bureau/Division	<i>Direc</i> Work Pho	tor Pub ANFO+Ed.					
		287-5288					
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Department of Infand Fisherses + W.W. fe p Pub into + Ed. 207-287-5288 Mailing Address, City, ZIP 284 State St - Augusta, ME 04333							
	ED FROM EMPLOYMENT BY ANG	~~!!					
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation or \$1,000	or more. Specify the principal type or					
None	Annual Community of the	$content = \frac{1}{2} \left(\frac{1}{2} \left($					
Name of Employer	Address	Principal Type of Economic Activity of Employer					
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PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAV	W PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.							
None	nd na a' ann pan ann an pangangapa (p' g' e dada pin 14° ang de jung) kammanan kaman sesenggap pangkapan jalam jangkaman janggap pangkapan jalam jangkapan	маллериял () маления () () () () () () () () () (
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:		Norm in 111 до намено о денення двиним другорими проду центро 15 до 15 до 15 до 16 до наменя намей на 15 до 15 По 15 до 16 до					
Address:	•	:					
Name:	lem:lem:lem:lem:lem:lem:lem:lem:lem:lem:						
Address:							

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or practice that represents more than 1 whichever is greater, and specify the principal type of economic activity of the entity or person from wh 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.	om 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 gifts box.	or honoraria. If none, check the
☑ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	Даландаты пинадашин на наназатиры как ка ж ени пинадами на
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 the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loanage as campaign contributions, or business loans from regulated financial institutions. If none, check	ans from a relative, loans that were
☑ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	ik (i kumah kumah mengapi samaja samaja samaja samaja Pengapi Pengapi Penda kuta Belahan 1999 tempekanta Pengapanta Penga
Address:	*
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more that	n \$300. If none, check the box.
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Name of Source of Gift Name of 3.	Source of Gift
2. 4.	

PART 6. R	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances of	or speeches related to your official capac	city or duties. If none, check the box.
☑ None		The second secon
Name of Source of Honoraria	Name of	Source of Honoraria
1.	3.	
2.	4.	
PART 7 REPRESEN	TATION BEFORE STATE AGENC	IEC
List each executive branch agency before which you o compensation of any amount other than your official salary none, check the box.	r a member of your immediate famil	v represented or assisted others for
None	2004 och 100 km kall det en men en ett ette en ett ett ett ett ett et	tumban da on option de that a de desperada de 2000 de 2000 de de consequence de despeta de despeta de 2000 de consequence de de despeta de 2000 de 200
Name of Agency	Na	me of Agency
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2.	4.	
	, , ,	
	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memi \$1,000 during the reporting period. Indicate whether you or a	per of your immediate family sold good	s or services with a value in excess of
None	Commonwealth and the goods of Servi	Ces. II Holle, Check (the Dox.)
	Nai Nonemembrida en como con contrata tra en como contrata tra en como contrata como contrata como contrata como contrata contrat	me of Agency
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2.	4.	
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PART 9. INCOME RECEIVI	ED BY MEMBERS OF IMMEDIATE	FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kinor more of income, list his or her name and job title. List only not include gifts.	d of income represented. If your spous	e or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
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Name:	1.	1.
Job Title:	2.	2.
,	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
A/A		
Job Title:		
Job Title:		e etimentining attitument (1977-bille) (seen et a a mariori, menerala etimenta eti generala eti generala eti g

	PART 10. OFF	ICER OR DIRECTOR I	POSITIONS		
held any office, t	or nonprofit corporation, firm, association, rusteeship, directorship, or position of any i sated. If a family member listed, indicate y	nature. Indicate whether y	you or a family hel	d the position and whe	iate family ether the posi
None					
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	ADDI	TIONAL INFORMATIO	IN .		
Please provide the information	e any additional information below (and you are providing. Use additional page	I on additional sheets if ges, if necessary.	needed). Indica	te the part or sectio	n number f
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