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

esite: www.maine.gov/ethics

APR - 6 2010

Phone: 207-287-4179

Fax: 207-287-6775

## MAINEETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (5 M. AMANESTINGS COMMISSION

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** 

Name		Title	
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Department/Agency/Bureau/Division	Monographica y amini ana -esta formaceranistro, el que estado en la companya de la companya del companya de la companya de la companya del companya de la companya del la companya de la c	Work Phone	and are some or extrement to the exponents surface minimum and the solvent management
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Marguardt Blog Floor	-2; AmHICan	pus, Augusta.	ME 04333
	E DERIVED FROM EMPL	OYMENT BY ANOTHER	
List the name and address of each employer from economic activity of each employer.	m whom you received comp	ensation of \$1,000 or more. Spe	cify the principal type of
None		THE COLUMN AND ADDRESS OF THE PROPERTY OF THE	HERE SALES AND ADDRESS OF THE SALES AND ADDRES
Name of Employer	Address		pe of Economic Activity of Employer
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PART 2. INCOME DER	IVED FROM SELF-EMPL	OYMENT OR LAW PRACTICE	Table 1 and
A. List the name and address of your business or derived income. If associated with a partnership, fi	law firm, if any, and list the r	najor areas of economic activity or or similar business entity, list the r	practice from which you
activity of practice of that entity.		MATERIO A PORTA MATERIA MA	correction and the controlling
None			
Name and Address of Business Entity or Law F		Economic Activity/ ice (self) (partnership,	as of Economic Activity/ Practice association, firm or similar pusiness entity)
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Name:	4		
Address:	*		

	PART 2 (continued). INCOME	DERIVED FROM SELF-EMPLO	<b>DYMENT</b>
whichever is greater, an form of disclosure is pr	income derived from self-employment or d specify the principal type of economic ohibited by law, rule, or an established erson from whom the income was derive	activity of the entity or person from v code of professional ethics, specif	vhom you derived such income. If this
	Name and Address of Source	<b>)</b>	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 incorbox.	me of \$1,000 or more <u>not listed</u> in Parts 1	or 2 of this form. Do not include gif	ts or honoraria. If none, check the
None	A CONTRACTOR OF THE PROPERTY O	200 200 200 200 200 200 200 200 200 200	
	Name and Address of Source		Kind of Income (investments, leases, etc.)
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Address:		•	
Name:			
Address:			
	PART 4. REPO	DRTABLE LIABILITIES	
	tors for any <u>unsecured</u> loans of \$3,000 rity of each creditor. Do not list credit c ributions, or business loans from regulate	ard liabilities, or educational loans,	loans from a relative, loans that were
None	- VACCA CONTROL OF CHARGE AND ADMINISTRATION	kundistatika kita kan mana mana mana di kan mahiku mana mana mana mana mana mana mana man	
	Name and Address of Credito	r	Principal Type of Economic Activity of Creditor
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Name:		A STATE OF THE STA	
Address:			
	PART 5. RI	PORTABLE GIFTS	
List the specific source of	of gifts received during the reporting perio	- 1835年14日 - 14数 <del>日本日本日本日本</del> 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本	nan \$300. If none, check the box.
None			
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	PART	8. BUSINESS W	ITH STATE A	GENCIES		
List each executive \$1,000 during the	ve branch agency to which you reporting period. Indicate wheth	or a member of you	ur immediate fa	milv sold goods or s	ervices with a valu	le in excess of
None		The state of the s	WOOD CASE And Annual Annua		Thome, once in a	JUA.
	Name of Agency			Name of	Adency	
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the manufacture of the control of th	PART 9. INCOME	RECEIVED BY N	MEMBERS OF	IMMEDIATE FAM	ILY	
dependent child(re	conomic activity representing ea en) during the reporting period a c, list his or her name and job title	and the kind of incor	me represented	<ol> <li>If your spouse or c</li> </ol>	domestic partner re	eceived \$1,000
Name of Spo	use or Domestic Partner and Job		Type of Econor presenting Soul Receive	rce of Income	Kind of Inc	come
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PART 10. OFFIC	ER OR DIRECTOR	POSITIONS	。 1.1.2.5.4新主观点	
List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ture. Indicate whether	you or a family held	d the position and wh	liate family ether the posi-
None		·	A STATE OF THE STA	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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	SIGNATURE			Harmon State Control of the Control
I affirm that the contents of this report are true, complete	and accurate to the	best of my knowle	edae	2895 3a
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Signature	<del></del>	( [	Date	
Subscribed and sworn (affirmed) to before me this 3	Out day of May	r lin	20 10 .	•
Signature of Notary Public/Attorney at law	Week	leed	20 <u>10</u> .	
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