

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

> www.maine.gov/ethics Phone: 207-287-4179 c: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. State Commission)

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 spe | ecific situations. | | |
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| | EMPLOYEE INFORMATION | N | |
| Name BM Dilliams | | Title Oire | Hon |
| Department/Agency/Bureau/Division Conservation Bureau d Mailing Address, City, ZIP 23 St.S., Auguster | Foresty Forest | Work Phone Protection | 287-4991 |
| Da Stis, Augusta 1 | ME 04330 | | |
| | DERIVED FROM EMPLOYN | | |
| List the name and address of each employer from a economic activity of each employer. | whom you received compensat | tion of \$1,000 or | more. Specify the principal type of |
| None | space part + space properties = space properties | nannad Adderth State (National Desire of an American State (National Desire) | |
| Name of Employer | Address | VIOTEVINIMA III. III. III. III. III. III. III. I | Principal Type of Economic Activity of Employer |
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| PART 2. INCOME DERIV | ED FROM SELF-EMPLOYM | MENT OR LAW | PRACTICE |
| A. List the name and address of your business or law derived income. If associated with a partnership, firm activity or practice of that entity. | w firm, if any, and list the major n, professional association, or si | areas of economi milar business en | ic activity or practice from which you tity, list the major areas of economic |
| None | | | ** « « « « « « « « « « » « « » « « » « « » « » « « » « » « » « « » « » « » « » « « » « » « » « » « « » « » « « |
| Name and Address of Business Entity or Law Fire | m Major Areas of Econ Practice (s | | Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity) |
| Name: Address: | | | |
| Name: | | | |
| Address: | | | |

| PART 2 (continued). INCOME DERIVED FROM SELF-EMP | LOYMENT |
|---|---|
| B. List each source of income derived from self-employment or practice that represents more the whichever is greater, and specify the principal type of economic activity of the entity or person from form of disclosure is prohibited by law, rule, or an established code of professional ethics, speciality of the entity or person from whom the income was derived. | m 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: | адын кашаны доболуулга тооддадда жасатын колдонуд жай байга доболуу жана байган |
| Address: | |
| Name: | and and have been also and a combineme and account of the communication and a many angular group group group g The communication of the combineme and account of the communication and account of the company group grou |
| 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 form. Do not include box. | gifts or honoraria. If none, check the |
| Mone | e en maior en anti-anti-anti-anti-anti-anti-anti-anti- |
| Name and Address of Source | Kind of Income (investments, leases, etc.) |
| Name: | (1) Volumento, locazione a anna miliante anna anna anna anna anna anna anna |
| Address: | |
| Name: | |
| Address: | |
| Name: | et en |
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| PART 4. REPORTABLE LIABILITIES | |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during areas of economic activity of each creditor. Do not list credit card liabilities, or educational loan made as campaign contributions, or business loans from regulated financial institutions. If none, cl | is, loans from a relative, loans that were |
| None | Discipal Type of Faces |
| 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 | e than \$300. If none, check the box. |
| ☑ None | and the second second the second seco |
| | ne of Source of Gift |
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| 2. 4. | |

| | PART 6. REPORTABLE HONORARIA | |
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| List the source of any honoraria accepted for | for appearances or speeches related to your official capacity or duties. If none | e, check the box. |
| D (None | | TNAMINATIONITONITONITONICONONONANANANANANANANANANANANANANANANANA |
| Name of Source of Hono | noraria Name of Source of Honoraria | AACAGANANIAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |
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| 2. | . 4. | |
| PART | 7. REPRESENTATION BEFORE STATE AGENCIES | |
| List each executive branch agency before compensation of any amount other than you none, check the box. | ore which you or a member of your immediate family represented or a your official salary. Indicate whether you or a family member appeared bef | assisted others for fore the agency. I |
| None | | k est verske it kliedet i meddet memerer mener me ppppingste 200 februaris. |
| Name of Agency | Name of Agency | Whitehard and account accomply report Delical Committee |
| 1. | 3. | a destruitation de la constitución |
| 2. | 4. | Mr. Martin (gl., Mr.), ag kuma jumin (Magalle), N. Sung (h.), gl. didighe), Magana kuman |
| | PART 8. BUSINESS WITH STATE AGENCIES | |
| List each executive branch agency to which | ch you or a member of your immediate family sold goods or services with a | value in excess o |
| \$1,000 during the reporting period. Indicate | e whether you or a family member sold the goods or services. If none, check | the box. |
| Name of Agency | Name of Agency | 9000-000-00-00-00-00-00-00-00-00-00-00-0 |
| Name of Agency | and an arrangement of the second seco | n-water and the state of the st |
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