

## RECEIVED

APR 1 2 2010

Maine Ethics Commission

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

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.

EMPLO	YEE INFORMATION							
Name   Tit		fle DEPUTY CHIEF:						
ROBERT A. WILLIAMS	· · · · · · · · · · · · · · · · · · ·	LT. COL.						
Department/Agency/Bureau/Division	Work Phon	Work Phone						
DEPT. OF PUBLIC SAFETY MAUNE STATE PO	OLICE 207-624-7	ı–7202						
Mailing Address, City, ZIP								
45 COMMERCE DRIVE, SUITE 1, 42 SHS, AUG	45 COMMERCE DRIVE, SUITE 1, 42 SHS, AUGUSTA, ME 04333-0042							
# 11 15 例如 12 12 20 12 12 12 12 12 12 12 12 12 12 12 12 12	D FROM EMPLOYMENT BY ANO							
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$1,000 o	r more. Specify the principal type of						
None								
Name of Employer	Address	Principal Type of Economic Activity of Employer						
		-						
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	PRACTICE						
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.	any, and list the major areas of econor sional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic						
None		•						
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:	4 Segunda a processor and the Segundar Segundar and the Segundar Segundar and the Segundar Seg							
Address.								
Name:								
Address:								

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whichever is great form of disclosur	rce of income derived from self-employ iter, and specify the principal type of ec e is prohibited by law, rule, or an esta ty or person from whom the income was	onomic activity of the e ablished code of profe		
rummunggaladari (edites) Pilipinin (eq. iyolum urtadir Hedell) edit et edit edit edit edit edit edit e	Name and Address of	of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	A Halland ( ) and chains the fill chain the first of the fill chain the fill chai			
Address:				
Name: Address:				
	PARI3	OTHER SOURCES	OF INCOME	
List each source of box.	of income of \$1,000 or more <u>not listed</u> in	·····································	计图式的 经股份的 医二甲基甲基甲基甲基甲基乙二甲基甲基甲基	or honoraria. If none, check the
⊠ None				
	Name and Address o	of Source		Kind of Income (investments; leases, etc.)
Name:				
Address:	nniconde del transporte de la constitución de la co	man a succession (see succession as above one of the selection of the see as a second see section of the second se		Note that the state of the stat
Name:			·	
Address:	·	successive and attraction on the contraction of the		anna erikurik ilikulanda ona eree ee anna an aykik ilikula iliku ilikula ona ona ona ona ona ona ona ona ona on
Name:				
Address:				
	PART 4	. REPORTABLE LI	ABILITIES	
areas of economic	f creditors for any <u>unsecured</u> loans of c activity of each creditor. Do not list n contributions, or business loans from	credit card liabilities, (	or equicational loans, lo	ians irom a relative, loads that were
X None			aj pogramona danska konomika i gastom kristanska amening polabaki ghu 1412-444 Agricu 2014.	10000000000000000000000000000000000000
	Name and Address o	f Creditor		Principal Type of Economic Activity of Creditor
Name:	AND THE RESIDENCE AND			
Address:				-
Name:		Australia de Arganista de Constitución de La Constitución de Constitución de Constitución de Constitución de C		
Address:				
	PAR	T 5. REPORTABLE	GIFTS	
List the specific so	ource of gifts received during the report	ing period with an aggr	egate value of more tha	an \$300. If none, check the box.
🖄 None				
1.	Name of Source of Gift	3.	Name of	Source of Gift
••			######################################	

	EPORTABLE HONORARIA			
List the source of any honoraria accepted for appearances or speeches related to your official capacity or duties. If none, check the box.				
☑ None	AND CONTROL OF THE PROPERTY OF	to the second		
Name of Source of Honoraria	Name of So	ource of Honoraria		
1.	· 3.	,		
		The state of the s		
2.	4.			
PART 7. REPRESEN	ITATION BEFORE STATE AGENCIE	S CONTRACTOR		
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	or a member of your immediate family y. Indicate whether you or a family men	represented or assisted others for nber appeared before the agency. If		
None				
Name of Agency	Nam	e of Agency		
1.	3.	•		
2.	4.			
· 可包含的原理 · 建设计划 · 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INESS WITH STATE AGENCIES			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sold goods	or services with a value in excess or es. If none, check the box.		
THE SHARE SHOWING THE RESIDENCE OF THE PARTY	a landy member sold the goods of service	The second secon		
Name of Agency	Nam (	ne of Agency		
1.	3.	en e		
2.	4.			
to salara di una una salara di malara di malara di malara di una di u	/ED BY MEMBERS OF IMMEDIATE	S. Carrier Co.		
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 only not include gifts.	nd of income represented. If your spouse	e or gomestic partner received a 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 Williams	1. Corrections 2.	1. Employment 2.		
Job Title: Probation Officer	3.	3.		
Dependent Child(ren) - Job Titles Only				
Job Title: Event Coordinator		Employment		
Job Title: Laborer	•	Employment		
Job Title:	•			

	PART 10.	OFFICER OR DIRECTO	R POSITIONS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
بصمتكم بيسادانا	t or nonprofit corporation, firm, associ trusteeship, directorship, or position of asated. If a family member listed, indi	ation, partnership or busine	ss in which you or a m	וואר אווים ווטווופטען סווו נ	diate family ether the posi-
☐ None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
P.O. Box	oro Fire Dept k 134 alboro, ME 04962	Director	myself		NO
					Apper Company of the
Tomas de como	-				
1 1 2 2 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2		SIGNATURE			
I affirm that the	contents of this report are true, co	omplete and accurate to	the best of my know	ledge.	
M			04-13	1-1() Date	
	Signature	8	•		
	nd sworn (affirmed) to before me to	this 12 day of C	egg.	2016.	
-	on expires 10-22-20	f GB 17.1	NINE COLLINS TARY PUBLIC MAINE		
		MI (AM)	ISSION EXPIRES 10/22/201	eser unique de la companio de la Com	a dasan da a
Please provide	any additional information below	ADDITIONAL INFORMA  (and on additional shee		ate the part or sect	ion number for
the information	you are providing. Use additiona	al pages, if necessary.			#10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Part/Section Number			;		- managamma ngamungan ngaman na sayang na na yi Minjahida tin sinda
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