

Office: 45 Memorial Circle, Augusta, Maine



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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 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.

PETER B JOHNSON	Office: ☑ House ☐ Senate
Mailing address $PO Bo \times 697$	District 27
City, zip code Greenville, ME 04441	Phone 207-695-2019

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer. Principal Type of Economic Name of Employer Address **Activity of Employer** US Army (Retired) PO BOX 7130 Defense LONDON, KY 40742 Social Security (Retired) PO Box 315100 JAMAICA, NY 11431 Roytheon Corp (Retired) PO Box 569 Defense Contracting

Pitt	tsburg, PA 15230	,
	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)	
A. List the name and address of your business, if any, and li associated with a partnership, firm, professional association, entity.	ist the major areas of economic activity or similar business entity, list the major	from which you derived income. If r areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		999 (Petrol Med College Service) 1998 (Albahaba) Negripa proposytiva proposytiva (Petrol College Service) 19
Name: Address:	The state of the s	etti kanakturanususukur protesia kiloti titasi situuran pessi tukka kiloti kiloti kanakurus (jahaga jagan kanakurus pendala kanasa pendala kanakurus pendala

PART 2 (continued). INCOME DERIVED FF (For Legislators who are self-er		MENT
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you de	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	en e	
Name: Address:		ndrasakan harraman kan ngan gaman gangan gaman na nagan pagan paga kan paga sa sa kapah paga sa paga bahawa sa n
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	HERFOLDSE HASHSANDER FERNONSPROESLE EIN AGENVALGEN	
List your major areas of practice. If associated with a law firm, list the major area	to control to the control of the con	n .
Name and Address of Firm	Major Areas of Prac (self)	
Name: Address:		
Name: Address:	hinden dia manada andara mpummar y meneral dia manada andara dia dia vidu andara dia dia vidu y dia babahasi	
		<u>}</u>
PART 4. OTHER SOURCES (FINCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gif	ts. If none, check the box.
None	Trabelin/Telebal/Kitigh/It/Stigh/Anglin/Anglin/Anglin/Anglin-It-tele-1/Anglin/Anglin-1/Anglin-1/Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Anglin-Ang	napy ny province na voor farmon ook na work Neillock sheel film of the film
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: LPI FINANCIAL Address: 9785 TOWNE CENTRE Drive 5AN DIEGO, CA 92121-1968		Investments
Name:		
Address:	diahi. W. min. assaid.	
PART 5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	Vicinia (Vicinia)	
Name: Address:		

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include none, check the box.	de gifts with an aggregate	value of more	e than \$300 from a single source. If
None	and the second s	PORTUGARDA DE CONTRACTOR DE LA CONTRACTOR DE	NATION CONTRACTOR AND
Name of Source of Gift		Name of	Source of Gift
1. American Legislative Exchange Counci	3.		
2.	4.		
The Charles	PORTABLE HONORARI		
List the source of any honoraria accepted for appearances or s	peeches related to your leg	jislative respo	onsibilities. If none, check the box.
None Name of Source of Honoraria		regime (c) of security sets and only set from the sets and only sets and only sets and only sets and only sets	
		Name of Soc	urce of Honoraria
		1-46/03/17/64/06/03/19/19/19/19/19/19/04/05/04/05/04/05/04/05/04/05/04/05/04/05/04/05/04/05/04/05/04/05/04/05	
2.	4 .		
PART 8. REPRESENTA			
List each executive branch agency before which you represent	ited or assisted others for a	compensation	of any amount. If none, check the
None	mannenennennennen oppren op der det de Ethiophophophophophophophophophophophophopho	han 1900 ta 19	**************************************
Name of Agency		Name	of Agency
1.	3.	ું જેવાના કેટ્રોને જ્યાના મહાદાવાના મહાદાવાના કરેલા કેટ મળતના છે. અના સ્ટારિયન જ	
	4.	militariaman sumpa parintalatikakitakitakitakita	Teknoloks-vil di 1111 gLevrapremojneren kalanda kilokseri taknim kul-kilokseri (kalanda kilokseri (kalanda k
	SS WITH STATE AGEN		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	of your immediate family	sold goods or	r services with a value in excess of
None	ethetisen en etheti omas eti en etatisheten en proprepente president propret propret in ethetisen ethetisen in	we determine two abstracts for all the transfer of the trans	«Ник такжения муниценуную учерную завения» (1963-1964-1964) год и и инайдания учерующей учерующей учерующей уче
Name of Agency		Name	of Agency
1,	3.		Scale Transport (Tipe Land Scale Action Control Contro
2.	4.	Affective framework of the Property of the Comment and Comment of the Comment of	Abreach-status unterspreist (Artischerts (Elister 1890)) gestäch behendat erunne projektion (Artischerts erunne behend
	'		
PART 10. INCOME RECEIVED	BY MEMBERS OF IMI	MEDIATE F	AMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind o or more of income, their name and job title are listed. Do not income.	of income represented. If v	received by y our spouse c	your spouse or domestic partner or or domestic partner received \$1,000
	Type of Economic Activity		$p_{ij}(p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},p_{ij},$
Name of Spouse o r Domestic Partner and Job Title	Representing Source of Income Received	Relationship	Kind of Income
Name: HELENA Johnson 1	1. Social Security	Spouse or	1.
Job Title: Ration of	۷.	Domestic Partner	2 .
200 VS) 1/2 0	3.		3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	DOMONIO PARA MINISTERIA (ES ES ES ES ESTE ES ES ESTE E
activity and the kind of income.		Dependent Child	

None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
	ICNATURE			source and the second
Legislator who willfully fails to file a required statement is	IGNATURE			
The intentional filing of a false statement is a Class E crim willfully filed a false statement, it shall refer its findings of fall fall for the statement of	act to the Attorney (General. (1 M.R.:	S.A. § 1019)	
	IAL INFORMATIO	N serves serves	ate	
Please provide any additional information below (and on a			e the part or section	on number for
the intermation you are providing				
Part/Section				
the information you are providing. Part/Section Number PART L Legislatrus PAY - 5	ioniani manamanani manamanani manamanani FATE OJ PV	tition the second secon		
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Part/Section Number	HATE of M	interview in the construction of the construct		
Part/Section Number	+ATE of M	TATNE		

PART 11. OFFICER OR DIRECTOR POSITIONS