2009 Calendar Year



## RECEIVED FEB 2 2010

MAINEETHICS 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 (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 <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> 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.

	EGISLATOR INFORMATION	
Name T () MC/a.	100	Office:  Di House  D Senate
Mailing address		
Mailing address PD BOX 155  City, zip code		District //
City, zip code Lee, Me - 04455		Phone 738-3 <i>255</i>
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	kurusankanten ilikari kitalikan kitalikan kepangan penganan kenalakan kenalakan kenalakan kenalakan kenalakan	
List the name and address of each employer from w economic activity of each employer.	whom you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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	ME DERIVED FROM SELF-EMPLOYMENT egislators who are self-employed.)	
A. List the name and address of your business, if an associated with a partnership, firm, professional associated.	ny, and list the major areas of economic activity ociation, or similar business entity, list the majo	from which you derived income. If ir 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: EVEYETT WMCLEDS S Address: POBOX. 155 Lee	Sr. SeLF	Wood HARVEST
Name:		
Address:		A de

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PART 2	(continued). INCOME DERIVED FRO		MENT	
B. List each source of income derived	I from self-employment that represents mo		ross income or \$1	I MM whichever is
greater, and specify the principal type	e of economic activity of the entity or pers	son from whom you d	lerived such incor	ne. If this form of
	an established code of professional ethics	s, specify only the prin	cipal type of econ	omic activity of the
entity or person from whom the income	e was derived.	estanto Astanto estas frais estas esta		
Na	me and Address of Source			be of Economic or Person Who is
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Name:			ALEMAN, ALEMAN	
Address:			Middle discount	
	PART 3. MAJOR AREAS OF I	PRACTICE		
	(For Legislators who are attorneys-a	em ne vanament i destablist del dissalte establista establist est dem e vanament de la finda del destablist del		
List your major areas of practice. If as	sociated with a law firm, list the major area	terments a company a mentapero a mentapero per opportante estapento para per su estapera e estapenta per su co	Harpfalleh ah morphistralin mengentipa dipatmente strata antida bina da patrion	tint kansiliman mendalain pendalain kendalain kendalain pendalain pendalain kendalain ja ja ja ja ja ja ja ja
Name and A	ddress of Firm	Major Areas of Pra (self)	ctice Major	Areas of Practice (firm)
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	PART A OTHER COURSES OF	FINCOME	en i karata panaka karata k	
	PART 4. OTHER SOURCES O			
List each source of income of \$1,000 o	r more <u>not listed</u> in Parts 1, 2, or 3 of this fo	orm. Do not include g	ifts. If none, chec	k the box.
☐ None				
	me and Address of Source	entrelle an the Cold reporting and English of Sold and the Cold and th	Kind o	f Income
	THE AND AUDIESS OF SOURCE	astery to be the control of the first first for each control of the control of th	nancuistavinalista karamis in mataris in hasinini anteriori proper	s, leases, etc.)
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Address:		Annual An		
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Address: 191955				
15/19/08/2				
	PART 5. REPORTABLE LIA	BILITIES		
List the names of creditors for any un	secured loans of \$3,000 or more that you	u received during the	reporting period,	and list the major
	litor. Do not list credit card liability or loans			
☑ None	,	í		
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Name:		and the second		
Address:				

PART	6. REPORTABLE GIFT	
List the specific source of each gift of more than \$300. In none, check the box.	nclude gifts with an aggrega	te value of more than \$300 from a single source
Mone None		
Name of Source of Gift		Name of Source of Gift
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2.	4.	Nobels in the State of the second and the second an
PART 7.	REPORTABLE HONOR/	ARIA
List the source of any honoraria accepted for appearances	or speeches related to your	legislative responsibilities. If none, check the bo
None		
Name of Source of Honoraria	into Antiques sporms we sharp out through a way to high ship final, having had been that the list of the base and aid	Name of Source of Honoraria
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PART 8. REPRESE	NTATION BEFORE STA	TE AGENCIES
List each executive branch agency before which you repre		
box.	p*	
None		N I A
Name of Agency	Otherwan to a reason to a control form with a form of a control form and the form that the figure of the control form and the form of the control	Name of Agency
1.	3.	
2.	<b>4.</b>	
	INESS WITH STATE AG	
List each executive branch agency to which you or a men \$1,000 during the reporting period. If none, check the box.	nber of your immediate fam	nily sold goods or services with a value in exces
None	ністі темпін тінністі ді вій і тісні і сетоні тиконичного фостору подовору, раздору, дородору, дородору, дород	HENNING OF STREET, WAS TO STREET, WAS STREET, WAS STREET, WAS STREET, WAS TO SAME WHILE STREET, WAS TO WAS STREET, WAS TO WAS TO WAS STREET, WAS TO W
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	### AND INCIDENT AND PROPERTY A	
2.	4.	
PART 10. INCOME RECEI	VED BY MEMBERS OF	IMMEDIATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kill or more of income, their name and job title are listed. Do no	nd of income represented.	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activ Representing Source of Income Received	of Relationship Kind of Income
Name: SAYAHJ, MICLEOD	1.	Spouse or 1. SOCIAL SECURI Domestic 2. STOCKS
Job Title: SPOUCE	2.	Pauner
	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
activity and the kind of income.		Child
	44 (8) 34 (8)	Dependent

None						
Orga	nization/Business and Address		le Po	sition Held By:	Family Member's Name	Compen- sated?
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PART 11. OFFICER OR DIRECTOR POSITIONS