

Office:

⊠ House



Name

Mailing address

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Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

□ Senate

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

Marriner

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.

LEGISLATOR INFORMATION

Phone 745-7372 PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type economic activity of each employer. Name of Employer Address Principal Type of Economic Activity of Employer Oron b Fire Prestment Oron b Fire Pres	Mailing address 638 Main Rd	District 20		
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Name: Address: Name:	Name and Address of Business Entity		Activity (partnership, association or similar	
Address: Name:			business entity)	
Name:	•			
	Address:			
Address:	Name:	·		
	Address:			

	RIVED FROM SELF-EMPLOYMENT to are self-employed.)
B. List each source of income derived from self-employment that rep	presents more than 10% of your gross income or \$1,000, whichever is entity or person from whom you derived such income. If this form of scional ethics, specify only the principal type of economic activity of the
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
	REAS OF PRACTICE e attorneys-at-law only.) e major areas of practice of your firm.
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	7
Address:	
Name:	
Address:	
PART 4: OTHER SO	2007年2017年6月1日中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	or 3 of this form. Do not include gifts. If none, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	; ; !
Address:	
Name:	Bits America entra tree Tr
Address:	*
PART 5. REPORTA	ABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mo areas of economic activity of each creditor. Do not list credit card liabi	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
	,
N1=	
Name:	
Name: Address:	

PART	6. REPORTABLE GIFT	S	
List the specific source of each gift of more than \$300. In none, check the box.	clude gifts with an aggrega		m a single source.
None		•	B. Bert Combinate Constitution Selection Conference (Conference (C
Name of Source of Gift, Name of Source of Control of the Control	no marco e a mantene com more. El el primina comprehensante con escaparagnale de la comprehensante de la comprehen	Name of Source of Gift	menter (menter) ya teksi asamaa sa aan teksiminaa.
Companies of the Compan	A.	The establishment when it work is the experience of establishment is reconstructed association of	The section of the se
The state of the s	REPORTABLE HONORA	劉 林 《魏廷传》 [5] [5] [5] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
List the source of any honoraria accepted for appearances of	or speeches related to your	legislative responsibilities. If no	one, check the box.
None			
Name of Source of Honoraria		Name of Source of Honorar	ia
1.	3.		
2.	4.		The second secon
PADT & DEDDECEN	ITATION BEFORE STAT		n (d. 1844 Š. 1821 J. 1885 M. 1878 March 1881 . 1886
List each executive branch agency before which you repres	a not take the country for a common of a select or an analysis of the control of the country of	The Court of the C	t If page about the
box.	orned of desisted others to	or compensation of any amoun	i. If Hone, check the
None		162 A 102 A	200 - 200 -
Name of Agency	And the state of t	Name of Agency	
1.	3.		
2.	4.	Control of the second	**************************************
PART 9: BUSI	NESS WITH STATE AGE	ENCIES: 300 MEDICAL SECTION OF THE S	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	per of your immediate famil	y sold goods or services with	a value in excess of
☐ None			табана учения на принципання на принципанна на принципання на при
Name of Agency		Name of Agency	a. p. s. i amin' na pande candas, p p. political cust some care of
1.	3.	The second secon	THE PROPERTY OF THE PROPERTY O
2.	4.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Miles Colonia diskummingalatiin teesti 1220 oo oo oo maadahaan oo
PART 10. INCOME RECEIV	ED BY MEMPERS OF I		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind	of income of \$1,000 or mod	re received by your should or	domestic partner or ner received \$1,000
or more of income, their name and job title are listed. Do not	the state of the second second second		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	•	of Income
Name:	1.	1. Spouse or	
Job Title:	2.	Domestic 2.	:
OUD TINO.	3.	Partner 3.	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
activity and the kind of Riconle.		Dependent Child	

	PART 11. OFFIC	ER OR DIRECTOR	POSITIONS			
List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.						
☐ None	A A A A A A A A A A A A A A A A A A A		-	•	•	
and the second s	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
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	在第二次,是是否是企業的企業的基本的確認的。 中國 20 年發展,新聞的國際 新聞人 議論 (1922年)	SIGNATURE				
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