



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 (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.

LEGISLATOR INFORMATION

Name		Office:
Thomas Savelle	j	☐ House ☐ Senate
Mailing address		District
60 Applesale Lu		90
City, zip code		Phone
Uilton, ME	04294	645-3420
2		
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from economic activity of each employer.	m 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
VUSO Papa	JAK ME	Paja makis
aners. & of march	Famosbo, ME	5+-00-45
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	fany, and list the major areas of economic activity association, or similar business entity, list the majo	from which you derived income. If or 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:		· ·
Name: Address:	·	
·		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	MENT
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type or person from whom the income was derived.	derived 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:	Management of Control
Address:	
Name:	and backers reserve
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm	- Carriera was to act of the contract of the c
Name and Address of Firm Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:	NACTION AND TO ANALYSIS AND TO
Address:	гория бари фактура Манадан Ангария и поставления по пред при
Name:	A proposition of the second of
Address:	or o
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include g	ifts. If none, check the box.
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: International Paper	Pentron
Address:	
Name:	
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	reporting period, and list the major
None	and the first of the second of
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
N	
Name:	

	6. REPORTABLE GIF		
List the specific source of each gift of more than \$300. In none, check the box.	clude gifts with an aggre	gate value of more than \$3	300 from a single source. If
None	NASAAN MENTAN NASAAN SALAN MENTANASAAN SALANGAN MENTANGAN MENTANGAN MENTANGAN MENTANGAN MENTANGAN MENTANGAN ME	PARTITUDE (MOTERNE COM COM COM PORT A COM PORT A PARTITUDA EL ENCORNO EL ENCORNO EL COLLEGO E	3-MS BOAN DOWN AND AN ARTHUR A BOARD AND A BOARD A
Name of Source of Gift 1.	3.	Name of Source of	F Gift
2.		$\label{eq:proposed_proposed_proposed} \begin{picture}(1,0) \put(0,0) \pu$,
DART 7	CESCOTABLE HONO		
List the source of any honoraria accepted for appearances of	REPORTABLE HONOI or speeches related to yo		s. If none, check the box.
None			Committee of the second of the
Name of Source of Honoraria 1.	3	Name of Source of He	ONOFARIA
	3.	hard ballandaharipalar ballan (salan salan s	energen General (1955) (1955) National Manhall Manhall National American State (1954) (1955) (1956) (1956) (1966)
2.	4.		
	NTATION BEFORE ST		
List each executive branch agency before which you repres box.	sented or assisted others	s for compensation of any a	amount. If none, check the
☐ None			
Name of Agency 1. O A A A A A A A A A A A A A A A A A A	no reconstruire de la company de la comp de la company de la company	Name of Agenc	Ŋ
Vepustaent of Envertible	en et al discomment de servici en en region y la president de servici de servici de la companya de servici de		Adaharen jaluarrakan kentijan paga ki Adaharah dalah kalury 1866. Berdi Berdi Berdi dalah kalury 1866. Berdi B
. 2.	4.		
PART 9. BUSI	INESS WITH STATE A	AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. If none, check the box.	iber of your immediate fa	amily sold goods or service:	s with a value in excess of
None	American programment des Computations de Carlos de Carlos de Lands de Carlos	$d(\theta A \wedge (x,y), A \wedge (y)) $	an an an analysis of the ana
Name of Agency		Name of Agenc	у
1.	3.	till de fallation from the fall for the fall of the second	net de timbre anna ann an char chean de anna anna anna anna anna anna ann
2.	4.		
PART 10. INCOME RECEIV	VED BY MEMBERS O	F IMMEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, their name and job title are listed. Do not	e of income of \$1,000 or a	more received by your spor	use or domestic partner or tic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Act Representing Source Income Received	e of Relationship	Kind of Income
Name:	1.	Spouse or 1.	announder productive supply to dissipate the second construction of the second
Job Title:	2. 3.	Domestic 2. Partner 3.	
		Dependent	oraningsout transformation and process when he are every a parameter process and in the every discontinuous and th
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Child Dependent	priorities and the contract of
activity and the kind of income.		Child Dependent	
		Child	

townington, me ougs 8	Title NATURE Ubject to a fine	Position Held By:	Family Member's Name	S Comper sated?	
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Signature	Date				
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PART 11. OFFICER OR DIRECTOR POSITIONS