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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 LANDA VALEN	Office:							
Mailing address			District					
POBOX 1049			43.4					
City, zip code SACO, ME	040	172	Phone 282-5227					
PART 1. INCOME	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 of economic activity of each employer.								
Name of Employer		Address	Principal Type of Economic Activity of Employer					
State of Maine		RegustA, ME	State Ref.					
		анования - илиператорого повет стано, инжевание выполнения достанов, ч. ч. ченовывания выполнения - чен - че	ABOUT THE SECOND SERVICE WELL AND A SECOND SERVICE SERVICE SERVICE SERVICE SERVICE AND A SECOND SERVICE SERVIC					
		RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)						
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.								
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)					
Name: STO FOLLAGE INC. Address: POBOX 1849 STO NE 04612	ennsk er enlik krige fra het proprie en en fra het krijfbrenne pr	Rest estate Divestments						
Name: UN VALENTINO ASSOCIATOS. Address: PO BOX 1049 STOWN NE 04012	DK.	Real estate SM-es	WALLESTER A PROPERTY AND A STATE OF THE STAT					
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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators, who are self-employed.)						
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.						
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income					
Name:						
Address:						
Name:	de regional de la composição de la compo					
Address:	97 D					
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. Major Areas of Practice.	eterminaries de la company					
Name and Address of Firm (self)	(firm)					
Name:	***************************************					
Address:	***************************************					
Name:	Ages experience property of the security of th					
Address:						
PART 4. OTHER SOURCES OF INCOME						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include g	iffts. If none, check the box.					
☐ None	Kind of Income					
Name and Address of Source	(investments, leases, etc.)					
Name: LiNDA VMEATINO	Revol Drame					
Address: PSBSX 1049, SACO	Revol Drane au properties					
Name:						
Address:						
PART 5. REPORTABLE LIABILITIES	HATAILE GESTANDING LEVEL STEEL S					
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.						
None						
Name and Address of Creditor	Principal Type of Economic Activity of Creditor					
Name:						
Address:						
Name:	austra presenta ni en escala ante a presenta a reculta de comunità 1999 de Autorno a calculatore accombinabato en de confedencia de la confedencia del la confedencia de la confedencia del la confedencia del la confedencia de la confedencia del la confeden					

PART 6. REI	PORTABLE GIFTS			
List the specific source of each gift of more than \$300. Include g none, check the box.	jifts with an aggregate v	alue of more than \$300 from	a single source. If	
None	er en en de milije verdiere en en en de Prononskriften en en en de	MATERIAL PROPERTY OF THE PROPE		
Name of Source of Gift 1. NON-L		Name of Source of Gift		
2.	4.		V POVINTY CHICUMANNIAN PRINCIPALINA AND AND AND AND AND AND AND AND AND A	
List the source of any honoraria accepted for appearances or spee	RTABLE HONORARIA		ne, check the box.	
None			Telegipakkan silimaan hasilimisi malka 255 kaparan kanandan kanandan kanandan kanandina kanandina kansisti.	
Name of Source of Honoraria 1. None 1.	HE ANNUAL VICTOR OF THE ANNUAL PROGRAMMENT AND ANNUAL PERSONS AND ANNUAL PROGRAMMENT	Name of Source of Honoraria	Novel (2014) (Text of 2014) (Text of	
1. / / / / / / / / / / / / / / / / / / /	3.		profit which Artificial Artificia	
2.	4.			
PART 8. REPRESENTATIO				
List each executive branch agency before which you represented box.	or assisted others for o	ompensation of any amount.	If none, check the	
None	nalvastigia memorih matika izriziki temenatiken ana mehing immantatumman anakilisin zere sejiz meyan	enderendere verden verdenser het der Antyseigen Victories verdenser Victories Victories Victories Victories verdenser	- COMMON A MANAGEM MICHOLAN A MANAGEM MATERIA THA MANAGEM MATERIAN MATERIAN MATERIAN MATERIAN MATERIAN MATERIAN	
Name of Agency		Name of Agency	Challenge and Challenge of Andrew Collections on Anthropy and Editoria in Anthropy and Challenge and Anthropy and Challenge and	
1. Nove	3.			
2.	4.	COVERNINA DE CONTRE CONTRE CONTRE EN TRANSPORTATION DE CONTRA SE CONTRA DE CONTRE EN TRANSPORTA DE CONTRE CONT		
PART 9. BUSINESS	WITH STATE AGEN	CIES		
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate family s	old goods or services with a	value in excess of	
None			e Standalanna akunta a janunung a angungunggi Erasayu Standalan Erasaya Erasaya a kungungan sa akungan angung	
Name of Agency	- warman and the demand recommendation of the state of th	Name of Agency	CERTIFICATION PROMOTERS CONTINUED ELECTRICAL CONTINUES C	
1. WWL	3.	3.		
2.	4.			
PART 10. INCOME RECEIVED B	Y MEMBERS OF IMN	IEDIATE FAMILY		
List the type of economic activity representing each source of income dependent child(ren) during the reporting period and the kind of income or more of income, their name and job title are listed. Do not include	come represented. If yo			
Name of Spouse or Domestic Partner and Job Title Re	pe of Economic Activity epresenting Source of Income Received	Relationship Kind	of Income	
Name: Cortis Scamman 1. C Job Title: Scamman Sof FARM, DX 8.	Conduction MO	Spouse or Domestic 2. Partner 3.	Share 53/24	
	Maybe Semas		Lucar	
ior the reporting period, list only the type of economic	Shewhe Scames	Dependent Child	S. fl. Sushamman.	
activity and the kind of income.	eggerenden en e	Dependent Child	уда имперено по поменувано на постоя на центо по под се по под под под под под под под под под	

any office, truste	it or nonprofit corporation, firm, association, p eeship, directorship, or position of any nature. ed. If a family member listed, indicate your re	Indicate whether you o	or a family held the p	position and whethe	
None		**************************************		ANGELEN MANNEN DE MANNEN EN STEINE	askers and the second s
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
6 M VALEN	itino Associates, Inc.	Mesibert			, å.
The telenati	and martgage, the	MesiDent	2		NONE
Proper	Not mantgage, Inc., Developers, INC. TERRALE, INC.	PRESIDENT	Linea	fw ,	
S210 M	STORS, INC.	11/VIRECTOR	Is I Never.	ť <i>/</i>	
SCAMMEN	Ber Inc 500 Fran Ix.	UP PIRATURE ?	? /	/	
	(art)		,		
POST	1. BOX 1049 CO, ME 04072				
		SIGNATURE			
A Legislator wh	no wilffully fails to file a required statemen	at is subject to a fine o	of up to \$100. (1 N	Л.R.S.A. § 1017-А	\)
Williamy filed a f	Talse statement, it shall refer its findings of the statement of the state	Tract to the Attorney	/-7-	- # 20/0 Pate	5
Please provide	ADDITI any additional information below (and o	ONAL INFORMATIO		e the part or secti	on number for
the information	n you are providing.				Kaanialaanissootootootootaanaa ka
Part/Section Number					
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PART 11. OFFICER OR DIRECTOR POSITIONS