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JAN - 7 2010

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

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Name		Office:	
Thomas Wright		卢 House	☐ Senate
Mailing address	**************************************	District	
96 Cemetery RJ.		145	
City, zip code		Phone	n et eneme et e engaget e egement op engage property op engage typical en translation (CASIAN CONTRACTOR CONTR
Thomas Wright Mailing address 96 Cenetery R. City, zip code Berwick 03901		698	5326
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from whom you economic activity of each employer.	u received compensation of \$1,000 or	more. Specify	the principal type of
Name of Employer	Address		Type of Economic y of Employer
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PART 2 INCOME RED	IVED FROM SELF-EMPLOYMENT	•	uas escapiones as as as as as
	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.	st the major areas of economic activity or similar business entity, list the majo	from which your or areas of ecor	u derived income. If nomic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	(partnership,	eas of Economic Activity association or similar iness entity)
Name: Wright Solutions Address: 96 cenetery Rd. Bernick	curperter	A STATE OF THE STA	rational et 1984 to the Province and American Control of the American Control of the Control of
Name:			
Address:		EDHITTO A DOLLAR A	
		2 And Andreadon	4

PART 2 (continued). INCOME DERIVE (For Legislators who are		MENT	
B. List each source of income derived from self-employment that represe greater, and specify the principal type of economic activity of the entity disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	nts more than 10% of your gor person from whom you d	erived such income. If t	his form of
Name and Address of Source		Principal Type of Ec Activity of Entity or Pers the Source of the Ir	son Who is
Name: Address:			,
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Name: Address:			
		which the control of	
PART 3. MAJOR AREA (For Legislators who are atto	neys-at-law only.)		
List your major areas of practice. If associated with a law firm, list the major	or areas of practice of your fin Major Areas of Prac	with the first the design of the first the second of the s	f Practice
Name and Address of Firm	(self)	(firm)	
Name: Address:	retironana	(Where exceed to take the control of	-
		E COMMON THE FOREIGN THROUGH THE COMMON AND THE COMMON THROUGH THE COMMON THROUGH THRO	ХДунійны анарагізыпанары марары зынарау
Name:	The fact that was seen and the fact that the		
Address:			
PART 4. OTHER SOURCE	ES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 or	f this form. Do not include git	ts. If none, check the bo	X.
None			
Name and Address of Source		Kind of Income (investments, leases	
Name:			
Address:			
Name:			
Address:	erij A Asraalddalia		
PART 5. REPORTABL	E LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more to areas of economic activity of each creditor. Do not list credit card liability of	nat you received during the	reporting period, and list	the major
□ None	anaga marayan waxaa waxaa ah waxaa ah waxaa waxaa ah waxaa ah a	Section (Control of the Control of t	eseriiiireekiimiikiistotropiistotropiistotropiistokaaliisiii
Name and Address of Creditor		Principal Type of Ecc Activity of Credit	onomic or
Name:	and the second s	-	
Address:	vidateapvvvvv	•	
Name:		949-94-94-94-94-94-94-94-94-94-94-94-94-	00000000000000000000000000000000000000
Address:	DAY (Noway		

PART 6. R	REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate v	alue of more that	n \$300 from a single sourc	æ. If
None	т. Сементик температура ден ден байтын жайын	egitet fickelijken in til koloniste til sekeren til med stort film ståter fickeliste sekeret sekeret sekeret s	and and the second distinct and the second	ores ecolometre mane
Name of Source of Gift 1.	3.	Name of Sour	rce of Gift	da pardamente pelipupate
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PART 7. REPO	ORTABLE HONORARIA		Sition If some chark the bu	
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PART 8. REPRESENTAT	TION BEFORE STATE	AGENCIES		91.750 8390
List each executive branch agency before which you represente box.	ed or assisted others for c	ompensation of a	any amount. If none, check	k the
D None	tanking di Sililani na dimerje adamini panjanjan propinja primeja 31 projekty aj Aprolitikaja Sililani di Sili	$= m_0 + m_$	ACT IN CIPP ACT OF ACT P defended And Anti-Control of CiPP AND BE SHOWN AND AND SHOWN SHOWN AND AND AND AND AND AND AND AND AND AN	acresiministaneaumacsius
Name of Agency		Name of A	gency	and the section of the section.
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PART 9. BUSINES	SS 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.	of your immediate family s	old goods or ser	vices with a value in exces	s of
None	$w_{[1/2]}(x,w_{[$	[996994][[[]] 9964][[] 9964] 9964] 9969] 99694 9964] 9969] 99694 9969] 99694 9969] 99694 9969] 9	$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	alue/sli-Aslemmana
Name of Agency		Name of Ag	gency	
1.		3.		
2.	4.	net will sub-through the third field of the delection of the American Ameri		abribilinarNabrailin
PART 10. INCOME RECEIVED	BY MEMBERS OF IMN	MEDIATE FAMI		St. Co., 1655.
List the type of economic activity representing each source of ir dependent child(ren) during the reporting period and the kind of or more of income, their name and job title are listed. Do not incl	ncome of \$1,000 or more income represented. If yo	received by your	spouse or domestic partne	∌r or ,000
Name of Spouse or Domestic Partner and Job Title I	ype of Economic Activity Representing Source of Income Received	Relationship	Kind of Income	
Name: Terri Wright 1. Job Title: Education Co-ordinator 3.	Training	Spouse or Domestic 2. Partner	salary	seriensumen
3. Education Co-ordinator 3.		3.	BORDERIUM DIE TERMENDE DIE DE TOTAL DE	INDENNISTA KANDIK
	and the contract of the contra	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.	. Можной с об Сости об Сости С об Сости	Dependent Child	моромов, фолотический принципальной принцип	Brokkis walkating.
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PART 11. OFFICER OR DIRECTOR POSITIONS