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

MAINEETHICS COMMISSION

2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

LE	GISLATOR INFORMATION			
Name HERBERT C. ADAMS	-	Member of: House Senate		
Mailing address 231 STATE STREET	District			
City, zip code PORTLAND, ME . 07-101	Phone 772-2565			
PART 1. INCOME DE	ERIVED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer f principal type of economic activity of each emplo	rom whom you received compensation ger.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
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UNIVERSITY of SOUTHERN	126 BEDFORD STREET ARTHUD IME 024101	TEACHING		
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	E DERIVED FROM SELF-EMPLOYMEN gislators who are self-employed.)			
A. List the name and address of your busines derived income. If associated with a partnership areas of economic activity of that entity.	ss, if any, and list the major areas of eco, firm, professional association, or simila	conomic activity from which you ar business entity, list the major		
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:	A.	WA		
Name: Address:		797000000000000000000000000000000000000		

B. List each source of income derived from self-employment that opposents more than 10% of your gross income or \$1.000 whitevers the greater, and specify the principal type of economic activity of the entity or person whom you devides such income. If this form of disclosure is prohibited by time, rule, or an established code of professional ethics, specify only the principal type of economic activity of the ontity or person from whom the income was derived. Name and Address of Source Principal type of economic activity of the ontity of person from whom the income was derived. Name and Address of Source Principal type of economic activity of the principal type of economic activity of the ontity of person who is the Source of the Income Address		PART 2 (continued). INCOME DI	ERIVED FROM SELF-EMPLO tho are self-employed.)	YMENT
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PART 9	BUSINESS WITH STATE A	GENCIES			
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PART 10, INCOME R	ECEIVED BY MEMBERS O	F IMMEDIA	TERRAMEY		
List the type of economic activity representing eac (ren) during the reporting period and the kind of inc "D" for income received by dependents.	h source of income of \$1,000 c	r more recei	ved by your spouse or dependent child		
Type of Economic Activity Representing Source	of Income Received appro	cle priate ter	Kind of Income		
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A Legislator who willfully fails to file a required of M.R.S.A. § 1017-A)	statement is subject to a fine	of \$10 per	business day until the report is filed.		
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he intentional filing of a false statement is a Cla willfully filed a false statement, it shall refer its find	ass E crime. If the Commission in the Commission is the commission of fact to the Attorney Ge	on conclude: neral.	s that it appears that a Legislator has		
the Commission determines that a Legislator hance Legislator shall be presumed to have a con- uestion in committee or in either branch of the 1 M.R.S.A. § 1019)	iffict of interest on every que:	stion and sh	nall be precluded from voting on any		
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ADDITIONAL INFORMATION												
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