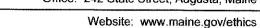
Office: 242 State Street, Augusta, Maine



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



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

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.

☐ Please check if this is an update to a previously	y filed statement for the calendar year:	2008.				
· LEGI	SLATOR INFORMATION					
Name  Susaw M. Austin  Mailing address  136 Yarmouth Road  City zin code		Member of:  ☐ House ☐ Senate  District				
City, zip code  GRAY  ME	109 Phone 207-657-4100					
PART 1. INCOME DER	IVED FROM EMPLOYMENT BY ANO	THER				
List the name and address of each employer from principal type of economic activity of each employer	m whom you received compensation or.	of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
STATE OF MAINE	AU605TA	GOVERNMENT				
	,	-deltare en el de referen y como como como como como como como co				
	DERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)	J				
A. List the name and address of your business, derived income. If associated with a partnership, tareas of economic activity of that entity.	if any, and list the major areas of ed 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:	and the second s					
Address:		ung galakan memerepang ang ang ang ang ang ang ang ang ang				
Name: Address:		- Port Constitution				
Audi Coo.	i i					

PART 2 (continued). INCOME DE (For Legislators who			
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	entity or person	from whom you derived	such income. If this form of
Name and Address of Source		Activ	incipal Type of Economic rity of Entity or Person Who the Source of the Income
Name;		700000	and a second
Address:		Alaketos	
Name:			·
Address:			
PART 3. MAJOR AI	Control of the contro	The same of the sa	
(For Legislators who ar List your major areas of practice. If associated with a law firm, list the		Complete and the second of	
Name and Address of Firm	Language and the control of the cont	ajor Areas of Practice (self)	Major Areas of Practice (firm)
Name:	in in in in		
Address:			
Name: Address:	A CARAGA TA		
PART 4. OTHER SO	URCES OF IN	COME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	The state of the s	The same of the sa	If none, check the box.
None	MICHANAMA, workshipmen was generate workspiller by 1909gb 1999gb 1 to 1994	and and an annual and a second second and a	n n n n n n n n n n n n n n n n n n n
Name and Address of Source		(ir	Kind of Income ivestments, leases, etc.)
Name: KEY BANK Address: ACBANY, NY		nonceau et en ai	*
Address: ACBANY, NY			-N/ENE51
Name:	•	e le circina de deservir en la companya de la compa	
Address:		in delication of the second	
PART 5. REPORT List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you rec	eived during the reporting	ng period, and list the major
None	relauve. Il none	, Check the Dox	HEART STATE OF THE
Name and Address of Creditor	ting the state of	Pri	ncipal Type of Economic Activity of Creditor
Name:			a kanan digan diga digigi kanan mangi mengan kalandi digan digi amatan manan mengangkan kalandi digan digan be
Address:		Vinda	
Name:	######################################	10000000	
Address:		* .	
PART 6. REPO	RTABLE GIFT	S	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggrega	te value of more than \$3	300 from a single source. If
None	etros freguesias a construir a construir de la	enemak emenjankajak meninkalang kandilaja, kandilaja mangan kandilana kandilana dari ini senak se	111 1 2 To g N N N N N N N N N N N N N N N N N N
Name of Source of Gift  1.	<b>3.</b>	Name of Source	of Gift
2.	4.		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

PART 7. REPOI	RTABLE	IONO	RARIA			
List the source of any honoraria accepted for appearances or spe	A 1 - A 2 4 - A 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	and the second second second	i edelmi sidelidi tedir.			
None	int de la Martin de La Companya (Companya de La Companya de La Com	e volument i voes e sentiment	Arcontrollerable . reserv			
Name of Source of Honoraria			N	ame of Source of Honoraria		
1.	3.	•				
2.	4.		N. O. JOHN ACKENININGSANSA	N - 644- (MASSAMEN MANIES N 279- ESTIMBATE MANIES MANIES MANIES N		
PART 8. REPRESENTATION	ON BEFO	RE ST	ATE /	AGENCIES		
List each executive branch agency before which you represente the box.	ed or assist	ed othe	ers for	compensation of any amount. If none, check		
₩ None		CONTRACTOR	The state of the s			
Name of Agency				Name of Agency		
1.	3.					
2.	4.					
PART 9. BUSINESS	WITHST	ATE A	GEN	CIES		
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	The second second second second	selected the continue				
<b>△</b> None	ner en en lijken og helegening og helegening i 12 222 sek i 180 sek sek sek		ritritae e diremenseum	, to me more than 100 miles and 100 miles		
Name of Agency	ur vojanoj vo Vajano (A 100 0110 0110 0110 0110 0110 0110 01			Name of Agency		
1.	3.					
2.	4.	564e6deannesseenameenegroppy	ne remainer en amerox con	19.2000/04/N/A/A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A		
PART 10. INCOME RECEIVED B	BY MEMBE	RS O	FIMM	EDIATE FAMILY		
List the type of economic activity representing each source of ir (ren) during the reporting period and the kind of income represer "D" for income received by dependents.	ncome of \$	1,000 o	r more	e received by your spouse or dependent child		
Type of Economic Activity Representing Source of Income Re	eceived	Cir appro let	priate	Kind of Income		
1. INVESTMENT BROKERAGE	2	$\binom{s}{s}$	D	CAP GAIN 5/LOSSES DIVIDEND		
2.	**************************************	S	D	i porentaminenti utati ita interiore il processo della distributa di utati interiore della di utati interiore i		
3.		S	D	And Antonia Section 1997 (1997) (1997		
4.	7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	S	D			
SIG	NATURE					
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)	subject to	a fine	of \$1	0 per business day until the report is filed		
The intentional filing of a false statement is a Class E crime.	If the Con	nmissio	on con	icludes that it appears that a Legislator has		

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any

question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

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ADDRESS:								ilinii A <b>AANEETTA V</b> Airmannii magaayay yyynyyy yyy	enere and the second		<b>(1)</b>	North Market annuage of a singular page 25
ADDITIONAL INFORMATION												
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