Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics

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 filed statement for the calendar year 2008.  |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| LEGISLATOR INFORMATION   |   |  |  |  |  |  |  |  |  |
| Bernard L.A. Ayotte  | -   | Member of: ☐ House ☐ Senate  |  |  |  |  |  |  |  |
| Mailing address 1469 Van Buren Re  | District 3  |  |  |  |  |  |  |  |  |
| Bernard L.A. Ayotte  Mailing address  1469 Van Buren Rd  City, zip code  Caswell, Maine 04   | Phone 325-4905                                      |  |  |  |  |  |  |  |  |
| 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<br>Activity of Employer   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
|  |   | TO THE STATE OF TH |  |  |  |  |  |  |  |
| Convert Procedure State (Control Control Annual Ann |   |  |  |  |  |  |  |  |  |
|  | RIVED FROM SELF-EMPLOYMENTS who are self-employed.) | Π  |  |  |  |  |  |  |  |
| A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.  |   |  |  |  |  |  |  |  |  |
| Name and Address of Business Entity  | Major Areas of Economic Activity<br>(self)          | Major Areas of Economic Activity (partnership, association or similar business entity)   |  |  |  |  |  |  |  |
| Name: Address:   | · · · · · · · · · · · · · · · · · · ·               |  |  |  |  |  |  |  |  |
| Name: Address:   |   | TO THE   |  |  |  |  |  |  |  |
|  |   | - 3  |  |  |  |  |  |  |  |

| PART 2 (continued). INCOME DE (For Legislators when the continued) is the continued of the | RIVED FROM SELF-EMPL<br>o are self-employed.)  | OYMENT   |
|---|--|--|
| B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.   | epresents more than 10% of you   | u derived such income. If this form of   |
| Name and Address of Source  | Principal Type of Economic<br>Activity of Entity or Person Who<br>is the Source of the Income  |  |
| Name:   |  | and the second and the contract of the second and t |
| Address:  |  | and the second of the second o |
| Name:   |  | HANNEL JA AND THE  |
| Address:  |  | 17   |
|   | REAS OF PRACTICE re attorneys-at-law only )  |  |
| List your major areas of practice. If associated with a law firm, list  |  | our firm.  |
| Name and Address of Firm  | Major Areas of P<br>(self)   | ractice Major Areas of Practice (firm)   |
| Name:   |  |  |
| Address:  | A bring executions.  |  |
| Name:   | CONTROL CONTRO | <del>ne ne n</del>  |
| Address:  | PRINCE AND REPORT OF THE PRINCE AND REPORT OF  |  |
|   | OURCES 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 inclu   | ude gifts. If none, check the box.   |
| <b>☑</b> None   | a kipilipinga kananga kasanga anga anga anga anga anga anga ang  | gara garangan magang magang 1975-1988 1974 (1988) ( |
| Name and Address of Source  |  | Kind of Income<br>(investments, leases, etc.)  |
| Name:   |  | - The state of the |
| Address:  | **************************************   |  |
| Name:   |  | A fine of a fine |
| Address:  |  |  |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or n  | ABLE LIABILITIES   | o ropostica poisal and list the main   |
| areas of economic activity of each creditor. Do not list loans from a   | relative. If none, check the bo  | ne reporung period, and list the major<br>x  |
| None  |  |  |
| Name and Address of Creditor  |  | Principal Type of Economic<br>Activity of Creditor   |
| Name:   |  |  |
| Address:  |  |  |
| Name:   | **************************************   | MUNICIPAL MANAGEMENT AND   |
| Address:  |  | ALVA ATALANANA   |
| PART 6. REPO  | RTABLE GIFTS   |  |
| List the specific source of each gift of more than \$300. Include gifts none, check the box   | s with an aggregate value of mo  | ore than \$300 from a single source. If  |
| None  | A THE STATE OF THE | TO THE PROPERTY CONTRACTOR AND AN ARTHUR AND AN ARTHUR AND AN ARTHUR AND ARTH |
| Name of Source of Gift  1.  | Name t   | of Source of Gift  |
| 2.  | 4.   | ### AND THE PROPERTY OF THE STATE OF THE STA |

To the

| PART 7. REPORTA  | BLE HONC                               | RARIA   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
| List the source of any honoraria accepted for appearances or speech  | es related to                          | your offi   | cial duties. If none, check the box.   |  |  |  |  |  |
| None   |  | ***************************************                   |  |  |  |  |  |  |
| Name of Source of Honoraria  |  | N   | ame of Source of Honoraria   |  |  |  |  |  |
| 1.   | 3.                                     |   |  |  |  |  |  |  |
| 2.   | 4.                                     | WHITE IN PROPERTY AND |  |  |  |  |  |  |
| PART 8. REPRESENTATION (   | BEFORE S                               | TATE A  | GENCIES  |  |  |  |  |  |
| List each executive branch agency before which you represented or the box.   |  |   | Marie 1997 - Marie |  |  |  |  |  |
| None   | (P************************************ | #Y//Y/2026/7/2025/JUJU                                    |  |  |  |  |  |  |
| Name of Agency   |  |   | Name of Agency   |  |  |  |  |  |
| 1.   | 3.                                     |   |  |  |  |  |  |  |
| 2.   | 4.                                     | nakatanan mediliku  | n na   |  |  |  |  |  |
| PART 9. BUSINESS WIT   | HSTATE                                 | AGENC   | ES   |  |  |  |  |  |
| List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.  |  | Make any probability                                      |  |  |  |  |  |  |
| None   | ************************************** | enconsideron en       |  |  |  |  |  |  |
| Name of Agency   |  |   | Name of Agency   |  |  |  |  |  |
| 1.   | 3.                                     | <b>※ 一起を乗った。 ※ 1 を 1 を 1 を 1 を 1 を 1 を 1 を 1 を 1 を 1</b>  |  |  |  |  |  |  |
| 2.   | 4.                                     | этин на               |  |  |  |  |  |  |
| PART 10. INCOME RECEIVED BY M  |  | FIMM  | -NATE FAMILY   |  |  |  |  |  |
| List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents. | e of \$1.000                           | or more   | received by your spouse or dependent child   |  |  |  |  |  |
| Type of Economic Activity Representing Source of Income Receive  | d appr                                 | rcle<br>opriate<br>tter                                   | Kind of Income   |  |  |  |  |  |
| 1. Cashier   | (3)                                    | D   | Employment   |  |  |  |  |  |
| 2.   | s                                      | D   | atau mananan mengelakan penduaran menengan penduaran saman menengan menengan saman menengan saman menengan sam   |  |  |  |  |  |
| 3.   | S                                      | D   | omeraninis CC Collect - in more recomment as the CC Collect and Account and the CC Collect and Account as the CC Collect and A |  |  |  |  |  |
| 4.   | S                                      | D   |  |  |  |  |  |  |
| SIGNAT   | URE                                    |   |  |  |  |  |  |  |
| A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)   | ect to a fine                          | of \$10   | per business day until the report is filed   |  |  |  |  |  |

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

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)

Jan. 15 09
Date

| NAME:  | DATE:  |  |       |   |   |  |  |  |  |  |  |  |
|--|--|--|-------|---|---|--|--|--|--|--|--|--|
| ADDRESS:   | NO 11 TO THE REPORT OF THE PROPERTY OF THE PRO | ANTO COMPANY CONTROL OF A STATE OF THE STATE |       |   | U ( a minus a com a mar a com may a con gregory y y y y y | AND AND COMMENT AND COMMENT OF A SECURITION OF | ras enellinen ekonomya kippaninye epipanja iyya pana | ter Maria Million III di Alla Sala da Arramante Arramante de Carramante de Carramante de Carramante de Carrama | er angeleine er er er en | 4 (1 <b>4-1879)</b>                        | **************************************     | Principal de la constitución de la conseque y conse |
| ADDITIONAL INFORMATION   |  |  |       |   |   |  |  |  |  |  |  |  |
| Please provide a information you a   | any additional<br>re providing.  | information  | below | (and on                                     | additional  | sheets if  | needed).   | Indicate   | the part o   | section                                    | number                                     | for the  |
| Part/Section<br>Number   |  |  |       |   |   |  |  |  |  |  |  |  |
| A CONTRACTOR DE  |  | annesse e The American Selection (Comment of August 1994) and the American Selection (Comment of August 1994)  |       | e commence a membro de mestra estada españo | ustumento unha escurerro e que respond                    | en e   |  | alah Talah salam dan katalah salah dari bar  | en e                     | t tan di sari sa ramanta Sambilan i Alamai | e Promi de l'Indian de distinue de l'anche | erraturumakuri anaskar   |
| Coord event on beloes and an artist of the coordinate of the coord |  |  |       |   |   |  |  |  |  |  |  |  |
| No and Art Artificial Control of the Artific |  |  |       |   |   |  |  |  |  |  | ,  |  |
| n millococcopiateers   |  |  |       |   |   |  |  |  |  |  |  | -  |
| by developed to execute the second se |  |  |       |   |   |  |  |  |  |  |  |  |
| not the end of the end |  |  |       |   |   |  |  |  |  |  |  |  |
|  |  |  |       |   |   |  | •  |  |  |  |  |  |
| - in-east with the second seco |  |  |       |   |   |  |  |  | •  |  |  |  |
| e e valorima de valorima d   |  |  |       |   |   |  |  |  |  |  |  | -  |
| SERVA Hamana Kirinda Kari  |  |  |       |   |   |  |  |  |  |  |  |  |
| H HANNA HALIN MA CAN HEAL HANNA HANN |  |  |       |   |   |  |  |  |  |  |  |  |
| онфироз-рейованно в постанования в постанования в постанования в постанования в постанования в постанования в п  |  |  |       |   |   |  |  |  |  |  |  |  |
| AND HER KELON VERSIONA DAS SES   |  |  |       |   | ·   |  |  |  |  |  |  |  |
| the sundampungstable poli-   |  |  |       |   |   |  |  |  |  |  |  |  |
| president electronic e | Section 1997 Section 1997  | 1 81   |       |   |   |  |  |  | -  | 9.00                                       |  |  |
| SCHOOLOUP HARVEY SEE   |  |  |       |   |   |  |  |  |  |  |  |  |
| жүнин жүсүн соосоо   |  |  |       |   |   |  |  |  |  |  |  |  |
| ACC THE CONTRACT PROPERTY PROP |  |  |       |   |   |  |  |  |  |  |  |  |
| Gibiology messar ob messar |  |  |       |   |   |  |  |  |  |  |  |  |
| ĝ.   |  |  |       |   |   |  |  |  |  |  |  |  |
| an ea euroe eagen qu'ag  | ·  |  |       |   |   |  |  |  |  |  |  |  |
| istidilimaaaasitzoons  |  |  |       |   |   |  |  |  |  |  |  |  |
| MERONA GERZÓN GEL BANG   |  |  |       |   | •   |  |  |  |  |  |  |  |
| Sulphies reference extenses.   |  |  |       |   |   |  |  | 1-   |  |  |  |  |
| TO THE REPORT OF THE PARTY OF T | *  | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |       |   |   |  |  | <br>-  |  |  |  | İ  |