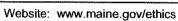
Office: 242 State Street, Augusta, Maine



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 file	ed statement for the calendar year 2 ATOR INFORMATION	2008.			
Name			A confirm time to the control of the		
		Member of: ☐ House ☐ Senate			
Mailing address	annoni in managan kangan k	District			
11 Wostfield St					
City, zip code	997200000000000000000000000000000000000	13¢ Phone			
Stephen Beaudette Mailing address 11 Westfield St City, zip code Biddeford 04005		207-283-4086			
	D FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employer from warprincipal type of economic activity of each employer.	whom you received compensation of	of \$1,000 or mo	re. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer			
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	499 November (1997) Protest (1997) (1				
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	RIVED FROM SELF-EMPLOYMEN				
A. List the name and address of your business, if a derived income. If associated with a partnership, firm areas of economic activity of that entity.	rs who are self-employed.) any, and list the major areas of ec n, professional association, or simila	onomic activity ar business entit	from which you y, list the major		
	Major Areas of Economic Activity	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name and Address of Business Entity	(self)				
Name: A&S Limousine	Limousine service				
Address: 11 Westfield St Biddeford					
Name: D&P Associated Limousine	**************************************	ATTORNEO A CONTROL DE			
Address: 96 Dakland Hue Westbrook	de de la companya de	Limousine	2 service		

PART 2 (continued). INCOME DI	RIVED FROM SELF-EMPLOYMENT no are self-employed.)	
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of pro the entity or person from whom the income was derived.	represents more than 10% of your gross income	ncome. If this form of
Name and Address of Source	Activity of I	Type of Economic Entity or Person Who urce of the Income
Name:		
Address:	Образова	
Name:		angang na manggang ng mga 200 ka Salaman kananan mga ng
Address:	(A) provinces	
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list		
Name and Address of Firm	Major Areas of Practice Ma (self)	jor Areas of Practice
Name:	(SCII)	(firm)
Address:		
Name:		etti totti toiti kaika kika ja kaika k Kaika kaika ka
Address:	A control to the second	
PART 4 OTHER SI	DURGES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1,	Service for the service of the servi	, check the box.
None	THE STATE OF THE S	kair mar mar shindha 12 2000 a santan ann Airean Airean Airean an Airean an Aireann an ann an Aireann an Airean
Name and Address of Source		d of Income ents, leases, etc.)
Name: Prodential Financial		reader of
Address: PO Box 7390 Philadelphia, PA 19 Name: Fidelity Investments	176 policy i	
		tribution
Address: 200 Liberty St. 5th flr. New York, 1	18 10281 In 200)E
	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	nore that you received during the reporting perion relative. If none, check the box	od, and list the major
None	THE PROPERTY OF THE PROPERTY O	erreteren e
Name and Address of Creditor		Type of Economic ity of Creditor
Name:	THE WEST PARTY.	
Address:		
Name:	COLUMN ASSAULT	
Address:		
List the specific source of each gift of more than \$300. Include gifts	RTABLE GIFTS with an aggregate value of more than \$300 from	m a single source. If
none, check the box		
Name of Source of Gift		
1.	Name of Source of Gift 3.	
2.	4.	minimananannyayyyyttäätätäätäätäätäätäännenkannystytyyttäätätäätäänäneelymminima

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Signature

NAME:	DATE:										
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ADDITIONAL INFORMATION											
Please provide information you	any additional are providing.	information	below	(and or	n additional	sheets if	needed).	Indicate the	part or section	number f	or the
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