Office: 242 State Street, Augusta, Maine



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## 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										
Name  LAULETTE G. BENY	Member of:  ☑ House ☐ Senate									
I Mailing address	· ·	District / 35								
32 HERRING AVE. EXT City, zip code BiDDEforD 04005	Phone 284-6324									
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 Activity of Employer								
RETIRED										
RETIRED  SOCIAL SECURITY										
		то по под под под под под под под под под								
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)										
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 (self)	Major Areas of Economic Activity (partnership, association or similar business entity)								
Name: Address:		** THE TAX OF THE TAX								
Name: Address:		TO SECTION OF THE PROPERTY OF								

PART 2 (continued). INCOME D (For Legislators			OYMENT	
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 put the entity or person from whom the income was derived.	he entity or per	son from whom you	u derived principal	such income. If this form of type of economic activity of
Name and Address of Source			Activ	incipal Type of Economic rity of Entity or Person Who the Source of the Income
Name: Address:				
Name: Address:			Andrea (Ville Andrea andre)	
PART 3. MAJOR (For Legislators who	Market Control of the	and the control of the first of the control of the	A THE CONTRACT OF THE CONTRACT	
List your major areas of practice. If associated with a law firm, list		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ur firm.	
Name and Address of Firm		Major Areas of P (self)	ractice	Major Areas of Practice (firm)
Name: Address:		oodhaadha.Galloonaanayyynaagyyynaaraayyyaagayyaasa	994-6467857**G00000000000000000000000000000000000	CE CENTRAL CONTROL CON
Name: Address:	ON LEWIS TARBORETS ASSESSED TO PA			Korry or easily (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)
PART 4. OTHER	SOURCES O	FINCOME	an arthur and a specific stand out ligant at a glass and a specific stand out ligant at a glass and a specific stand by a set field of a set 1 is a specific stands	
List each source of income of \$1,000 or more not listed in Parts 1	1, 2, or 3 of this	form. Do not inclu	de gifts.	If none, check the box.
None Name and Address of Source			(ir	Kind of Income
Name: Address:	MANAGAMA AMERICAN PROPERTY AND AMERICAN PROPERTY AMERICAN PROPERTY AND AMERICAN PROPERTY		200	
Name: Address:			ii ladada wa ii ka ina aa wa i	
PART 5. REPO	RTABLE LIA	BILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list loans from	r more that you n a relative. If r	received during the	ie reportir K	ng period, and list the majo
Name and Address of Creditor			Pri	incipal Type of Economic
Name:			and the state of t	Activity of Creditor
Address:			A CHI NA MANANA MANA	
Name: Address:	AND THE STATE OF T		Andrew or forest to desire A. A. A. A.	
PART 6. REI	PORTARI F	ars -		
List the specific source of each gift of more than \$300. Include g none, check the box			re than \$	300 from a single source. I
None	CONTROL VANDERS And Andread An		ecite canadatecerastere victorizavanos	00.000 de de la 1880 de 1880 d
Name of Source of Gift  1.	3.	Name o	of Source	of Gift
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PART 7. REPORT	ABLE HONO	RARIA	4
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None			
Name of Source of Honoraria			lame of Source of Honoraria
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2.	4.	.0000-00.	Charles principle programme (PROCE) (CASCASSING COMMANDA AND AND AND AND AND AND AND AND AND
PART 8. REPRESENTATION	BEFORE ST	ATE	AGENCIES
List each executive branch agency before which you represented the box.	or assisted other	ers for	compensation of any amount. If none, check
☐ None	Ullionalchilanessananayagayayananasanagayyyy	CHNESEN/COMMENTALICADA	PAUDINAMINAMIANA.
Name of Agency		A CONTROL OF THE PROPERTY OF THE	Name of Agency
1.	3.		
2.	4.	**************************************	
PART 9, BUSINESS W	/ITH STATE /	AGENI	CIES
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immediate fa	imily sc	old goods or services with a value in excess of
None	Lemmitter-viteremmervitasinas des altre saus distinuita escritos dide Lexiste.  (	CONSTRUCTION	allookstoonkattiitiitiintiitiitiitiitiitiitiitiitiiti
Name of Agency		AND THE PROPERTY OF THE PROPER	Name of Agency
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2.	4.	провение проставления при	
PART 10. INCOME RECEIVED BY	MEMBERS C	F MN	IEDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1,000 c d. Do not inclu	or more ide gifts	e received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Recei	ived appro	ircle opriate itter	Kind of Income
1.	S	D	
2.	S	D	
3.	S	D	
4.	S	D	
Sign/	ATURE		
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ıbject to a fin∈	of \$1	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Commissi he Attorney G	ion cor eneral.	ncludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, a (1 M.R.S.A. § 1019)	to file a require	ed state	tement or has willfully filed a false statement, and shall be precluded from voting on any
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	(	,	
Signature	$\rightarrow$	<u>lan.</u>	. 18, 2009 Date

NAME:	DATE:										en territorio (1/1000 mentre enconstato) (1/1000 mentre enconstato) (1/1000 mentre enconstato) (1/1000 mentre		
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