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)

☐ 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.

	LEGISLATOR INFORMATION	
Name Michael G Bei Mailing address 27 Sherman	Member of: ☐ House ☐ Senate District # 68	
City, zip code Auburn Me 04	210	Phone 2077840036
PART 1. INCOM	E DERIVED FROM EMPLOYMENT B	Y ANOTHER
List the name and address of each employ principal type of economic activity of each er	ver from whom you received compen mployer.	sation of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
City of Lewis Tor Adult Education	LEWISTON, ME	Adult Education 10 Program
	The second secon	TOTAL CONTROL OF THE PROPERTY
hand to the state of the state	OME DERIVED FROM SELF-EMPLO r Legislators who are self-employed.)	DYMENT
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and list the major area ership, firm, professional association, o	s of economic activity from which you or similar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic A (self)	Major Areas of Economic Activity Activity (partnership, association or similar business entity)
Name:		tanakatan kalainin ini mengintan tanan mininin ini ini ini ini ini ini ini in
Address: Name:		######################################
receiro,		· · · · · · · · · · · · · · · · · · ·

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLO o are self-employed.)	DYMENT
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 profithe entity or person from whom the income was derived.	entity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:		At the divines on
Address:		
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		ur firm.
Name and Address of Firm	Major Areas of Pr (self)	actice Major Areas of Practice (firm)
Name:	verify tells and the	**************************************
Address:		
Name:		
Address:		
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include	de gifts. If none, check the box.
None		g department meng mag 2000 kalah kalah kepada dengan kemanan mengan kemanan pengangan pengangan pengangan kema Kemanan kemanan meng 1000 kalah kalah kepada kemanan kemanan mengan kemanan pengangan pengangan kemanan kemana
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: MAINE STATE RETIREMENT Address: Augusta, Me.		Retirement. Benefits
Address: AugusTA, Me.		Bene
Name:		HALAGRAN KARA
Address:		177
	ABLE LIABILÍTIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	nore that you received during the relative. If none, check the box	e reporting period, and list the major
None	888 kalandara wa waka wakao wakao wakao wakao wakao wakao wakao kalandara wakao kalandara ka kalandara ka kala	n og flest vilkanste amrå mållendom sammen læmen og vilkansk og vilkansk om sammen en æmen en æmen om sammen v
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
· Name:		
Address: ·		one province and the second section of the second section is a second second section and the second section sec
Name:		
Address:	***************************************	
	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of mor	re than \$300 from a single source. If
None	ety styrit (1888 i se store transpromptore om om ombige trafficielle styrite (1888 specielle session sessionsembersemm	
Name of Source of Gift 1.	Name o	Source of Gift
2.	######################################	

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches	s related to y	our off	icial duties. If none, check the box.				
None							
Name of Source of Honoraria		N	ame of Source of Honoraria				
1.	t.						
2. 4		101 - 100 mar	4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.				
PART 8. REPRESENTATION B		and the second second					
List each executive branch agency before which you represented or a the box.	issisted other	∍rs for o	compensation of any amount. If none, check				
None Name of Agency			Name of Agency				
1. 3		***					
2. 4	•						
PART 9. BUSINESS WITH	H STATE A	GENC	:JES				
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.	mmediate fa	mily so	old goods or services with a value in excess of				
None	**************************************	***************************************	Michigan Barran (Alas Barran (Barran (
Name of Agency	ametra a removal a familia de grando de completo de co		Name of Agency				
1. 3	•						
2. 4.	Јаниментина отното на Суствер постоја и посто	SAN	T0000000000000000000000000000000000000				
PART 10. INCOME RECEIVED BY ME	MBERS O	F IMM	EDIATE FAMILY				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. I "D" for income received by dependents.	of \$1,000 o Do not inclu	or more de gifts	received by your spouse or dependent child. Circle "S" for income received by spouse or				
Type of Economic Activity Representing Source of Income Received	d appro	rcle opriate Iter	Kind of Income				
1.	S	D					
2.	S	D					
3.	S	D					
4.	S	D					
SIGNATU	JRE						
A Legislator who willfully fails to file a required statement is subje (1 M.R.S.A. § 1017-A)	ct to a fine	of \$10	0 per business day until the report is filed.				
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the	∍ Commissi Attorney Ge	on con neral.	cludes that it appears that a Legislator has				
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest on question in committee or in either branch of the Legislature, and (1 M.R.S.A.\\$ 1019)	file a require every ques shall not at	ed state stion a ttempt	and shall be precluded from voting on any to influence the outcome of any question.				
Milail Lauleer	wit	1-	29-08				

Signature

NAME: M	ichneL	. G	Beaul	LE Co		D	ATE:	1/29/0	; ; ;	The state of the s
ADDRESS:	27 51	LEIM	-HN	Hab	te/11.	M2 09	12/0		TPA (Printer) (See See See See See See See See See Se	
ADDITIONAL INFORMATION										
information you	any addition are providing	nal inform g.	nation below	/ (and on a	additional	sheets if need	led). Indic	ate the part o	r section	number for the
Part/Section Number										
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