Office: 242 State Street, Augusta, Maine



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## 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	Member of:									
Mailing address		☐ House ☐ Senate								
7497 May flowe	2	+ Co								
City, zip code W901, W6	terille	Phone 207 837 - 4345								
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								
City of Waterille 1	Common	City gaenner								
State of maine s	State HUZLA tation Aujura M (- 04333	State swernment								
	DERIVED FROM SELF-EMPLOYMENT ators 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:	** and the state of the state o									
Address:	***************************************									
Name:		The state of the s								
Address:										

PART 2 (continued). INCOME DI	ERIVED FROM SELF-EMPLO	YMENT
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 prothe entity or person from whom the income was derived.	e entity or person from whom you a	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:		a hadilahan dan menjamatah sadah land dan menemenanya katalam dan denderiman dan pendalah lama semperangan sesera sesera sejem
Address:	an kananga dalah daram kananga kananga daram kananga kananga kananga kananga kananga kananga kananga kananga k	
Name:		
Address:		
	AREAS OF PRACTICE are afterneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list		· firm.
Name and Address of Firm	Major Areas of Prac (self)	paperson of the state of the st
Name:	CONTRACTOR AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION	en service de la companya de la comp La companya de la companya del la companya de la companya del la companya del la companya de la companya del la com
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Name:	оборожно-принятия принятия пр 	оби и повеждення на невору, на постоя и повеждення на невору на повеждения на невору невору на невору на невору на невору на невору на невору на не
Address:	MIROCALASTER AGGAL	se diverging de la constant de la co
	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 include	gifts. If none, check the box.
None		Totan 1994 die 18 de 20 Mandadous plan in versoor in 1994 die 20 maakteur voorgevoor 20 de 20 Mandadous voor 20 70 maandadous voor 20 maandadous v
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		The second secon
Address:	First Marian	
Name:		44-44-47/19/19/19/20/20/20/20/44/44/44/44/44/44/44/44/44/44/44/44/44
Address:	-0-1 m institution and an analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second analysis of the second and analysis of the second and analysis of the second and analysis of the second analysi	
	TABLE LIABILITIES	
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 r	reporting period, and list the major
None /	death, curd control of company representations of control or control contr	<ul> <li>Ответство постоя в постоя в пределения в постоя в по</li></ul>
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:		
Name:	WAY WASANA AND AND AND AND AND AND AND AND AND	VALUE ENANTHMENT OF THE PROPERTY OF THE STATE OF THE PROPERTY
Address:	AA	•
	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more t	than \$300 from a single source. If
None		
Name of Source of Gift  1.	Name of S	Source of Gift
2.	4.	esconement of the Process of the State of th

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		ABLE HONG		
List the source of any honoraria accepted for appearance	s or speech	nes related to	your o	fficial duties. If none, check the box.
None			tallinens :	
Name of Source of Honoraria				Name of Source of Honoraria
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PART 8. REPRESE			Carrier and annual contraction of	
List each executive branch agency before which you rep the box.	presented o	r assisted of	hers for	compensation of any amount. If none, check
None	SUMMERS MARKET MARKET THE PROPERTY OF THE PROP	ATTOCKED ATT	energy of the second se	
Name of Agency				Name of Agency
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2.	AMMINISTER And American Application for the control of the control	4.	**************************************	
PART 9. BUS	INESS WI	TH STATE	AGEN	CIES
List each executive branch agency to which you or a mer \$1,000 during the reporting period. If none, check the box	mber of you x.	r immediate	family s	old goods or services with a value in excess of
None	VARMARIA variantiin eegaliyd viraamaga kalliisti	2.000000000000000000000000000000000000	al Whoreign Consumer.	
Name of Agency		A V ANGELIA DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPA		Name of Agency
1.	And Division and Com-	3.		
2.	MANAGEMENT OF THE PROPERTY OF	4.	verior-recordago comunis seum	Bases and registed to the control of
PART 10. INCOME RECEI	VED BY N	/IEMBERS	OF IMA	MEDIATE FAMILY
List the type of economic activity representing each sour (ren) during the reporting period and the kind of income re"D" for income received by dependents.	rce of incon epresented	ne of \$1,000 Do not incl	or mor	e received by your spouse or dependent child s. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Inco	ome Receiv	∕ed app	Circle ropriate etter	Kind of Income
1.	TV TT Website and the members of the second	s	D	
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3.	Add Steams comment on the second control of		D	and became many actions as the second
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	SIGNAT	<b>FURE</b>		
A Legislator who willfully fails to file a required statem (1 M.R.S.A. § 1017-A)	nent is sub	ject to a fin	e of \$1	10 per business day until the report is filed.
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings of	crime. If the	he Commiss	sion cor	ncludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfi	fully failed to	o file a requi	red stat	tement or has willfully filed a false statement
the Legislator shall be presumed to have a conflict or question in committee or in either branch of the Legis (1 M.R.S.A.§ 1019)	of interest c	on everv au	estion	and shall be precluded from voting on any
	<del>-</del>	7	, /	17/09

Signature

/ Date

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