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 Bruch Bickt	Member of: ☐ House ☐ Senate							
Mailing address 64 Cameron In		District 76						
City, zip code ADDUM ME	04210	Phone 795 6844						
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY ANO	THER						
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						
TRVING-OIL CORP	1813 Washington St. Auburn me oya 10	Travel Plaza Convenience Store						
CircleK	1813 Washington St. Auburn ME	Travel Plaza Convenience Store						
The Control of the Co	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)							
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	iness, if any, and list the major areas of edrical residual residu	conomic activity from which you ar business entity, list the major						
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:								
Name: Address:	V X	The state of the s						

PART 2 (continu	ed). INCOME DERIVED FR (For Legislators who are self-en	OM SELF-EMPLOYMEN	ſ		
B. List each source of income derived from sel is greater, and specify the principal type of econdisclosure is prohibited by law, rule, or an estal the entity or person from whom the income was	f-employment that represents n nomic activity of the entity or pe blished code of professional eth	nore than 10% of your gross i	cuch income. If this forms a		
Name and A	Activ	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: Address:	NE				
Name: Address:	VYC	THE TOTAL WHITE AND			
	RT 3. MAJOR AREAS OF For Legislators who are attorneys-a	at-law only.)			
List your major areas of practice. If associated	with a law firm, list the major are	eas of practice of your firm.			
Name and Address of I		Major Areas of Practice (self)	Major Areas of Practice (firm)		
Name: Address:			**************************************		
Name:	4	ыффинантироват учество (2000 г.С.С.С.Антиро учеву стару ста	TO THE PROPERTY OF THE PROPERT		
Address:	Parameter Company				
List each source of income of \$1,000 or more no	RT 4. OTHER SOURCES C		Francisco about the base		
None	SCHOOLS 1, Z, OF OUR UNICOUNTED A SECURIOR OF THE SECURIOR OF		II none, check the box.		
Name and Ac	ddress of Source	(in	Kind of Income vestments, leases, etc.)		
Name: Address:	15		erren (f. 1515) Ballanen merillan er en en gilt, oppgepå de de en en de fyrige (gelden elleg de de de fyrige (
Name:					
Address:	<i>!</i>	A REPORT OF THE ANALYSIS			
	ART 5. REPORTABLE LIA				
List the names of creditors for any <u>unsecured</u> lo areas of economic activity of each creditor. Do r	pans of \$3,000 or more that you not list loans from a relative. If r	received during the reporting	g period, and list the major		
	dress of Creditor	Prir	ncipal Type of Economic		
Name:			Activity of Creditor		
Address:					
Name:		The state of the s			
Address:					
List the specific source of each gift of more than	PART 6. REPORTABLE 0 \$300. Include diffs with an add		00 from a single		
none, check the box	· · · · · · · · · · · · · · · · · · ·	regate value of more than \$3	oo nom a single source. If		
Name of Source of Gift		Name of Source of	of Giff		
1.	3.	34-11			
2.	4.	nement (Colores No separation of the second			

PART 7. REPOR	TARIFI	IONO	RARIA	
List the source of any honoraria accepted for appearances or spec				
None	and the second s		ter en enem i nomi miljo Kinino e	
Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.			
2.	4.	esecerato: serioso essas	O cupring repay representation of create	機関の一般的ではない。他、Madicial Activation in Activation (中央・)を使うした。
PART 8. REPRESENTATIO	N BEFO	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	l or assist	ed other	ers for	compensation of any amount. If none, check
None	TOTAN COLUMN TO THE STATE OF TH	***************************************	PYNEEDOWNEEDA	
Name of Agency				Name of Agency
1.	3.			
2.	4.		ti t	
PART 9. BUSINESS I	WITH ST	ATE A	GEN	CIES
List each executive branch agency to which you or a member of y \$1,000 during the reporting period. If none, check the box.	our imme	diate fa	mily so	old goods or services with a value in excess of
None	BALL Malikulus es enden es é endein yét y gigig	dirdunum sənənər Alənə	O. Announcing weblichter by annual	
Name of Agency				Name of Agency
1.	3.			
2.	4.		· · · · · ·	THE REPORT OF THE PROPERTY OF
PART 10. INCOME RECEIVED BY	MEMBE	ERS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each source of inc (ren) during the reporting period and the kind of income represent "D" for income received by dependents.	come of \$ ed. Do no	1,000 c ot inclu	or more de gifts	received by your spouse or dependent child c. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Reco	eived	appro	cle priate ter	Kind of Income
1. ADMINISTRATion		S	D	employment
2. management convenience	SHOVE	s (em Donnet
3.	titi kananina kanani	S	D	The state of the s
4.		S	D	C PROPERTIES AND THE STATE OF T
SIGN	ATURE			
A Legislator who willfully fails to file a required statement is s (1 M.R.S.A. § 1017-A)	ubject to	a fine	of \$1	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. I willfully filed a false statement it shall refer its findings of fact to	If the Cor	nmissi	on con	cludes that it appears that a Legislator has

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)

NAME:	DATE:											
ADDRESS:	enterente en	en e	The second secon	er e en commente e en	PTTHESON AND CONTROL OF THE STATE OF THE STA		et e erenet serientetet e titulist serientetet de de delen en en	1900-1904 - 1900-1904 - 1900-1904 - 1900-1904 - 1900-1904 - 1900-1904 - 1900-1904 - 1900-1904 - 1900-1904 - 19	rakkidran eastematra enventaapsegagyy y	00000000000000000000000000000000000000	odnimeli do emmene e que prope e e emquenco	ere
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below (and	on ac	ditional	sheets	if needed).	Indicate the	e part or	section	number	for the
Part/Section Number												
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