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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 pre	eviously filed statement for the calendar year.	2008.
	LEGISLATOR INFORMATION	
Name Brian D. Boldy		Member of: ☑ House ☐ Senate
Mailing address 4 Rwas W. Dr.		District 69
City, zip code Auburs Mc. 042/0		Phone (207) 576 4907)
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employ principal type of economic activity of each er	ver from whom you received compensation in ployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
Stak of Maine	Stadehouse	legislature
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	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 ed	conomic activity from which you ar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Áreas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:	Potential action in the Carlot	THE STANDARD OF THE STANDARD O

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)				
B. List each source of income derived from self-employment that represer is greater, and specify the principal type of economic activity of the entity of disclosure is prohibited by law, rule, or an established code of professional the entity or person from whom the income was derived.	nts more than 10% of your gros	ved such income. If this form of ipal type of economic activity of		
Name and Address of Source	A	Principal Type of Economic activity of Entity or Person Who is the Source of the Income		
Name:	A promise was a super-			
Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		was in a new property of the second control		
Name: Address:	(Visita) pri selvini.			
PART 3. MAJOR AREAS	AE-PRACTICE			
(For Legislators who are attorn	eys-at-law only.)			
List your major areas of practice. If associated with a law firm, list the major	or areas of practice of your firm Major Areas of Practice (self)			
Name: Address:				
Name: Address:	eministra del Carlo de Alembre e e e e e e e e e e e e e e e e e e			
PART 4. OTHER SOURCE	-S OF INCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 or	Control of the Contro	s. If none, check the box.		
None Name and Address of Source		Kind of Income		
Name: Address:		(investments, leases, etc.)		
Name: Address:				
PART 5. REPORTABLE	LIABILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list loans from a relative	at you received during the repo	orting period, and list the major		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:				
Address:				
Name:				
Address:				
PART 6. REPORTABLE GIFTS List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If				
none, check the box	TO CONTROL TO THE AND AND AN AND AN AND AN ANALYSIS AND AND ANALYSIS AND AN ANALYSIS AND AN ANALYSIS AND ANAL	V5250000898NAN		
Name of Source of Gift	Name of Sour	ce of Gift		
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2. 4.	October Print 2004 200 week ke name ûr en mer proposition de COU 2004 ûn 2004 Abrelien ûr en men er en en proposition par 2004 2004 COU October Print 2004 200 week ke name ûr en mer proposition de COU 2004 ûn 2004 ûn 2004 ûn 2004 ûn 2004 ûn 2004 û	002706-0006-0206-0446-444-444-444-444-444-444-444-444-		

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PART 7. REPORTABLE HONORARIA				
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.				
None				
Name of Source of Honoraria	And the second s	N	ame of Source of Honoraria	
1. W. C.	3.	K-4-1-108-1822880-1.3C.1-802-1	The second secon	
2.	4.			
PART 8. REPRESENTATIO	The state of the s			
List each executive branch agency before which you represented the box.	or assisted other	ers for o	compensation of any amount. If none, check	
None	Williams			
Name of Agency			Name of Agency	
1. And the contraction of the co	3.			
.2.	4.			
PART 9. BUSINESS V	NITH STATE !	GENC)ES	
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.				
☐ None	endrivier (19 eletitend deletend disched disched in susannassen neuen en	Unidentification of the state o	Hardinations and the second of the second	
Name of Agency	The second secon	2014090000000000000000000000000000000000	Name of Agency	
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2.	4.	Medicine managery man.	THE CONTROL OF THE PARTY OF THE CONTROL OF T	
PART 10. INCOME RECEIVED BY	MEMBERS O	F IMM	EDIATE FAMILY	
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.				
Type of Economic Activity Representing Source of Income Rece	 In the Control of the property of the Control of the	rcle opriate	Kind of Income	
Type of Economic Activity (Neprosenting Source of Information Co.		opnate tter	NING OF ITCOME	
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 subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)				
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.				
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)	d to file a require	ed state	and shall be precluded from voting on any	

Signature

NAME:	DATE:		
ADDRESS:			
	ADDITIONAL INFORMATION		
Please provide any additional information you are providing.	information below (and on additional sheets if needed). Indicate the part or section number for the		
Part/Section Number			
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