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)

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 previ	ously filed statement for the calendar year 2	2008.			
	EGISLATOR INFORMATION				
Name Shery J. B	rigas	Member of: ☑ House ☐ Senate			
72 Poplar Hi	URI	District 93			
City, zip code Mexico	Phone 207 364-5665				
PART 1. INCOME I	DERIVED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employer principal type of economic activity of each emp	r from whom you received compensation of	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
rown or received	PO Box 251 134 Main ST. Mexico, ME. 04257	Municipality			
State of Maine	Mexico, ME 04257 115 State House Station	State Government			
123rd Legislature 1	Augusta, ME 04333	Legislature			
	·				
	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	T			
A. List the name and address of your busine derived income. If associated with a partners areas of economic activity of that entity.	ess, if any, and list the major areas of echip, firm, professional association, or similar	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:	No. of the Control of				
Name:					
Address:	Head	i.			

PART 2 (continued). INCOME DE (For Legislators where the continued is the continued in the continued in the continued is the continued in the continued in the continued is the continued in the continued in the continued is the continued in the continued in the continued is the continued in the	RIVED FROM SELF-EMPLOY to are self-employed.)	YMENT
B. List each source of income derived from self-employment that r 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 o	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: .	and the state of t	
Address:		
Name:	PO THE WAS THE SEA WHITE AND	ng ngapangganggangganggang ng n
Address:		
	REAS OF PRACTICE re attorneys-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 Pra-	ctice Major Areas of Practice (firm)
Name:		
Address:	a Maria	
Name:		
Address:	of latitudes and make a	4 x x x x x x x x x x x x x x x x x x x
PART 4. OTHER S	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1,	Production of the control of the con	gifts. If none, check the box.
None	nak najahan yan 1994-1993 1993 ari den 4999 1995 ili atau iliku indahan memberahan penjaran 1994 pingki dang S Baran Sanahan yan 1994 pingki dang Sanahan Indahan memberahan penjaran 1994 pingki dang Sanahan Sanahan Sanah	- n. e. j. j. 1907. Maria de alemante de elemente elemente elemente productiva de la comitación de la comitación de elemente de la comitación de elemente de elemente de elemente de la comitación de elemente de elemente de la comitación de elemente de elemente de la comitación de elemente de la comitación de elemente del elemente de elemente del elemente d
Name and Address of Source		Kind of Income
. Unum life Tuermanae Ca	of America	(investments, leases, etc.) Short - term
Name: Unum Life Insurance Co Address: PD Box 100158, Columbia, SC 20		Disability
100138, Columbia, SC 20	1202-3158	TISCOILII Y
Name:	,	
Address:		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	TABLE LIABILITIES nore that you received during the relative. If none, check the box	reporting period, and list the major
None	de mante en minima protesta de seculto de CESTO CONTROLO ANTIGEN que mengre mengre en enque de mante de la composiçõe de la c	000 A NEW A A NAME AND
Name and Address of Creditor		Principal Type of Economic
		Activity of Creditor
Name:		
Address:		98884888844444444444444444444444444444
Name:	de en de en en distriction de la constante de	
Address:		
List the specific source of each gift of more than \$300. Include gifts	ORTABLE GIFTS s with an aggregate value of more	than \$300 from a single source. If
none, check the box	The state of the s	
None Name of Source of Gift	e en	
1.	3.	Source of Gift
2.	4.	

PART 7. REPORTA	BLE HONO	RARI					
List the source of any honoraria accepted for appearances or speech	es related to	your of	fficial duties. If none, check the box.				
None							
Name of Source of Honoraria		Ŋ	lame of Source of Honoraria				
1.	3.						
2.	4.	1,000000000000000000000000000000000000	P PERMINIPARTICINERALISM AS ALMANDAN INNINYA ISTOCIOROGOCOCA (ISS)				
PART 8. REPRESENTATION	BEFORE ST	ATE	AGENCIES				
List each executive branch agency before which you represented of the box.							
None	POYNETS CONTROL OF THE PARTY OF	***************************************					
Name of Agency			Name of Agency				
1.	3.						
2.	4.						
PART 9. BUSINESS WI	TH STATE /	AGEN	CIES				
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	r immediate fa	mily so	old goods or services with a value in excess of				
None	······································	**************************************					
Name of Agency			Name of Agency				
1.	3.		•				
2.	4.	**************************************	002/10/00/\$3 25 https://doi.org/10/10/10/10/10/10/10/10/10/10/10/10/10/				
PART 10. INCOME RECEIVED BY M	IEMBERS O	FIMN	EDIATE FAMILY				
List the type of economic activity representing each source of incom (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1.000 c	or more	e received by your shouse or dependent child				
Type of Economic Activity Representing Source of Income Receive	ed appro	rcle opriate tter	Kind of Income				
1. School Bus Driver	(\$)	D	S. al +				
2.	S	D	Cmp 10y men 1				
3.		er commonocomics constants	ME ANNIANTANIAN TO THE PART OF				
	S	D					
4.	S	D					
SIGNAT	(URE						
A Legislator who willfully fails to file a required statement is subj (1 M.R.S.A. § 1017-A)	ject 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. If the willfully filed a false statement, it shall refer its findings of fact to the	ne Commissi Attornev Ge	on con	ncludes that it appears that a Legislator has				
If the Commission determines that a Legislator has willfully failed to	•		ement 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:										
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Please provide an information you are	y additional providing.	information	below	(and on	additional	sheets if	needed).	Indicate	the part	or section	า number	for the
Part/Section Number												
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