Office: 242 State Street, Augusta, Maine



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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.

LEG	ISLATOR INFORMATION	
Name William P BROWN	16	Member of:  ☐ House ☐ Senate
Mailing address 793 WEBSEN Po	au Rom	District 58
City, zip code VASSACBONU	04989	Phone 622-3096
PART 1. INCOME DER	RIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from principal type of economic activity of each employer	m whom you received compensation er.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
WATERVILLE & STATE		SCHOOL DEPAUT-
TEACHER RETIRE MOUT	AND STATE OF THE S	Ment
STATE of MAINE	• .	LEGOLATIVE Duty
ACAD MINISTRAL	·	
	DERIVED FROM SELF-EMPLOYMEN lators who are self-employed.) if any, and list the major areas of ed firm, professional association, or simila	conomic activity from which you
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: MANL BROWNE & JONS Address: 793 Webson Pono Roan	MANAGING PARTNIM	SPUDIO HAY
Name:		The second of the second secon
Address:		

PART 2 (continued). INCOME DE	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 prof the entity or person from whom the income was derived.	epresents more than 10% of your 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:	a da un a successión de destactor en en entre en	
Address:		
Name:		
Address:		
(For Legislators who a	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list	the major areas of practice of your Major Areas of Prac	
Name and Address of Firm	(self)-	(firm)
Name:	*vazitato letes	7
Address:	ON BOOK TO THE BOOK OF THE BOO	
Name:	ed the east Proxitical and	
Address:	10. Bit 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
	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	e gifts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: NATANIS GOLF COUNTS	To an an account of the state o	ROYALITIES
Name:	CONTRACTOR	38. MANUALISA AN ARROW AND
Address:	Eitreide ei Haus	•
PART 5. REPORT	ABLE 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 relative. If none, check the box	reporting period, and list the major
None .		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	77.7	and a minima to the amount in the first Colored and an American Membership to the List Dec Confer in Section and
Address:	distribution of the last of th	
Name:	eren eren eren eren eren er	
Address:	-	
PART 6. REPO	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	than \$300 from a single source. If
None		TO SOUTH SOU
Name of Source of Gift		Source of Gift
	3.	
2.	4.	

PART 7. REPORTA			
List the source of any honoraria accepted for appearances or speech	hes related t	o your o	official duties. If none, check the box.
Name of Source of Honoraria		Market de construir de la cons	
Name of Source of Honoraria  1.	Audication (Carlotta)		Name of Source of Honoraria
	3.	2/5m'Y455,000-652mm-mmg	TO THE SERVICE AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINI
2.	4.	******	
PART 8. REPRESENTATION			
List each executive branch agency before which you represented o the box.	or assisted of	thers for	compensation of any amount. If none, check
None	Account of the second of the s	286alesseemen page (2002) Malessee	**************************************
Name of Agency			Name of Agency
1.	3.		4
2.	4.	Maken verming for PS 22 25 MA Assessed	
PART 9. BUSINESS WI			
List each executive branch agency to which you or a member of you \$1,900 during the reporting period. If none, check the box.			
None		heredestyrikikus ANAROResessen	
/ Name of Agency	SYNTHESIS AND		Name of Agency
1,	3.		
2.	4-	Inter-4-14/9/SECCLOSCIENTS	**************************************
PART 10. INCOME RECEIVED BY M	/EMBERS	OF IMN	MEDIATE FAMÍLY
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.	me of \$1,000	) or more	a received by your energy and the Little
Type of Economic Activity Representing Source of Income Receive	∕ed app	Circle propriate letter	Kind of Income
1.	S	###	
2.	S	D	
3.	S	D	
4.	S	D	
SIGNAT	TURE		
A Legislator who willfully fails to file a required statement is subj		e 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	he Commiss Attorney C	sion con	cludes that it appears that a Legislator has
	// morriey	3H014	

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. § 1019)

Signature

[ -00 ]

Date

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ADDITIONAL INFORMATION														
Please provide information you	any additional are providing.	information	below	(and on	ı additional	sheets	if needed).	Indicate	the	part o	r section	number	for	the
Part/Section Number														(1) (1) (1) 40 - 1 (1)
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