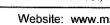
Office: 242 State Street, Augusta, Maine



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)

☐ 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:		
Mark Bryant Mailing address 166 Albion Rel		42 House ☐ Senate		
Mailing address		District		
166 Albion Rel		110		
City, zip code		Phone		
Windham ME	annual and a second	207 892 6591		
PART 1. INCOM	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		
State of ME	Augusta	Legislator		
ME TURNBURGO	PORTLAND ME	FARE Collections		
L. L. Bean	Freeport ME	CAU CENTER		
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators 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:	Y \ \\			
Address:	4	1		
Name:		THE CONTROL OF THE CO		
Address:	is produced to the second seco			
	F.			

	INCOME DERIVED FR r Legislators who are self-em	OM SELF-EMPLOYMENT ployed.)	
B. List each source of income derived from self-emplis greater, and specify the principal type of economic disclosure is prohibited by law, rule, or an established the entity or person from whom the income was derived.	loyment that represents mactivity of the entity or ped code of professional eth	nore than 10% of your gross in	such income. If this form of
Name and Address	s of Source	Activi	cipal Type of Economic y of Entity or Person Who le Source of the Income
Name:			mmen i mont i tis tit i proportin ni 1920 il dividi di divide di divide di divide di divine grappi pri pri di p
Address:		A DESCRIPTION OF THE PROPERTY	
Name:		And the state of t	erine et en
Address:		COM V V W-	
The second secon	. MAJOR AREAS OF egislators who are attorneys-a	And the second s	
List your major areas of practice. If associated with a			
Name and Address of Firm		Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	$\mathcal{A}_{\mathcal{A}}$		
Address:		or a construction of the c	
Name:	10 VJ	· -	
Address:			
PART 4. List each source of income of \$1,000 or more not liste	OTHER SOURCES C	A CONTROL OF THE PROPERTY OF T	
None		S tom. Do not include girts. If	none, cneck the box.
Name and Address	of Source	(in	Kind of Income estments, leases, etc.)
Name: Address:	,	in Hills to so so so to be suggested	
Name:		near the second	and the second section of the second section is a second second second second second second second second second
Address		ACHGRACHOL	
PART	5. REPORTABLE LIA	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not lis	of \$3,000 or more that you	I received during the reporting	period, and list the major
None None			mment outcommon announcement of the second contraction of the second c
Name and Address	d delete for a literatura commente in competente in the properties of the properties of the commenter of the	Prin	cipal Type of Economic
			Activity of Creditor
Name: Address:			

Name: Address:		***	
	RT 6. REPORTABLE	elene.	
List the specific source of each gift of more than \$300			00 from a single source. If
none, check the box	THE STATE OF THE S	harmon over the property of the second secon	7723NA\$145A\$400000000000000000000000000000000000
Name of Source of Gift	and the second of the second o	Name of Source o	Giff
1.	3.	retaine of Cource of	
2.	4.	kommenne Pristinsky Kistolis (1888 1888 1888 1880 1880 1880 1880 188	1880.06 ствень на верона в поставления просторожного до 2000.00.200 до дене в эте не не не не не при при при п При при при при при при при при при при п

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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.				
Name of Source of Honoraria		The second secon	e e	ame of Source of Honoraria
1.	3.			ane of Source of Horsofana
	O.	3930 Petro A C 1380 400 d Million es e-	allindradioniphy vongenous	· · · · · · · · · · · · · · · · · · ·
2.	4.	-		
PART 8. REPRESENTATION	*** * **** ****************************			
List each executive branch agency before which you represented the box.	or assist	ed othe	rs for e	compensation of any amount. If none, check
None		-		
Name of Agency			CONTRACTOR PROGRAM	Name of Agency
1.	3.			
<u>2</u> .	4.	_		
PART 9. BUSINESS W				
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immed	diate fai	mily so	ld goods or services with a value in excess of
None	enjamarusustai aunum muum muum muum muum muum muum muu		en e	
Name of Agency		Machine Absolution		Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE 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 Recei	ved	Cin appro lett	priate	Kind of Income
1. Wealth CARB (Norse)		(8)	D	Wirstney Employ
2.		s	D	
3.	***************************************	S	D	
4.		S	D	
SIGNATURE				
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 Atternory Concern.				

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 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)

Signature

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