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 pr	reviously filed statement for the calend	dar year 2008.							
LEGISLATOR INFORMATION									
Name David C Burns		Member of:  → House □ Senate							
Devid C Burns Mailing address  159 Dodge Road	District #32								
City, zip code Whiting	,	Phone 207-733-8856							
	NE DERIVED FROM EMPLOYMENT								
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							
Main Sate Legislateur	5 text + House Acegusty M	0002 House of Representatives							
	COME DERIVED FROM SELF-EMPL or Legislators who are self-employed.)								
A. List the name and address of your bu derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major are ership, firm, professional association,	eas of economic activity from which you or similar business entity, list the major							
Name and Address of Business Entity	, Major Areas of Economic (self)	Major Areas of Economic Activity Activity (partnership, association or similar business entity)							
Name: DC BUMS Investigation Address: 159 Dodge Rd Whoting M.	ins 1. 04691 Private Incertigita	Investigation Services e Service for afternap, insurance co's							
Name: Address:	To reason a single section of the se	Tending of the second of the s							

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 re is greater, and specify the principal type of economic activity of the	epresents more than 10% of your gross income or \$1,000, whichever entity or person from whom you derived such income. If this form of essional ethics, specify only the 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:	Herest below to the control of the co					
Address:						
Name:						
Address:						
(For Legislators who are	REAS OF PRACTICE e attorneys-at-law only.)					
List your major areas of practice. If associated with a law firm, list the						
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)					
Name:	CASTRIAN					
Address:						
Name:	TOTANI III A MARAA					
Address:	ALTERNATION OF THE PROPERTY OF					
PART 4. OTHER SO  List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME  Or 3 of this form. Do not include gifts, if none, check the box					
None	, Of O Of this 10111. DO NOT HOLDE SILD, I HOLE, GIGOLDE DOA.					
Name and Address of Source	Kind of Income					
	(investments, leases, etc.)					
Name: Main State Retexement Saystom Address: Augusta Main 0483\$	Referencent incorre from State Police Service Shared Living expense for special needs son					
Name: Sunvise Opportunities	Shared Livian expense					
	for special needs son					
Address: Machies Me 54654  PART 5. REPORT						
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	ore that you received during the reporting period, and list the major					
None	1988 Million transmission of the control of the con					
Name and Address of Creditor	Principal Type of Economic Activity of Creditor					
Name:						
Address:	VALUE VA					
Name:						
Address:						
PART 6. REPO						
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						
Name of Source of Gift  1.	Name of Source of Gift 3.					
2	4.					

PART 7. REPORT.	ABLE H	ONO	RARIA			
List the source of any honoraria accepted for appearances or speed	ches relat	ted to y	our off	icial duties. If none, check the box.		
None		,	entre en			
Name of Source of Honoraria			N	ame of Source of Honoraria		
1.	3.					
2.	4.					
PART 8. REPRESENTATION	I BEFOI	RE ST	ATE /	AGENCIES		
List each executive branch agency before which you represented the box.	or assiste	ed othe	ers for	compensation of any amount. If none, check		
None		MANAGEZ Z CEZNOLONIA PROPINSKI OPE	uttialda-Uttiliones vallandes	-		
Name of Agency				Name of Agency		
1.	3.					
2.	4.		-			
PART 9. BUSINESS W	/ITH ST/	ATE A	GENC	CIES		
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	liate fa	mily so	old goods or services with a value in excess of		
None	diller (Militaris: scownikes) (besien 222)	ODB/// ODB/// ODB//	alandidika danbalanjahilipunana,			
Name of Agency			-	Name of Agency		
1.	.3.					
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBE	RS O	FIMM	EDIĀTE FAMILY		
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1 d. Do no	,000 o t includ	r more le gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Recei	ved	Cir appro let	priate	Kind of Income		
1.		S	D			
2.		s	D	and the second s		
3.	marron conservorances de munes, e	S	D	######################################		
4.	***************************************	S	D			
SIGNA	TURE					
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject 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 willfully filed a false statement, it shall refer its findings of fact to the	the Con	nmissio	on con neral.	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)

Signature

//16/07 Date

NAME:	DATE:									
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ADDITIONAL INFORMATION										
Please provide any addition information you are providing	nal information g.	below (and on	additional sheet	s if needed).	Indicate the	part or section	number for the			
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