Office: 242 State Street, Augusta, Maine



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	a previously filed statement for the calendar yea	ar 2008.			
	LEGISLATOR INFORMATION				
Name Steven J Butterfix	ell II	Member of: ✓ House ☐ Senate			
Steven J Butterfix Mailing address PO Box 1176		District			
PO Box 1176 City, zip code Bongor, 04402	Phone 207-242-7270				
PART 1. INC	OME DERIVED FROM EMPLOYMENT BY AN	NOTHER			
List the name and address of each em principal type of economic activity of each	ployer from whom you received compensation the employer.	n of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
Maine State Employees Association	65 State St. Angusta, ME 04330	Labor union			
		00000000000000000000000000000000000000			
ния местополого объекты местополого в постополого в постополого в постополого пост		The state of the s			
	INCOME DERIVED FROM SELF-EMPLOYMI (For Legislators who are self-employed.)	≣ŃT			
A. List the name and address of your	business, if any, and list the major areas of rtnership, firm, professional association, or sir	economic activity from which you milar business entity, list the major			
Name and Address of Business En	itity Major Areas of Economic Activity (self)	Major Areas of Economic Y Activity (partnership, association or similar business entity)			
Name: Address:		terment had green and attended to the second of the second and the second of the secon			
Name:	визов (1865) до до до на възвите на пределя да 750 до 1860 годо да Сиди на	and an annual section of the section			
Address:					

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT			
(For Legislators wh	o 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 disclosure is prohibited by law, rule, or an established code of profe the entity or person from whom the income was derived.	entity or person from whom you a	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:					
Address:					
Name:	and the second s	variantika dipamentika pilapentika pilapentika sasa sasa sasa sasa sasa sasa sasa s			
Address:					
(For Legislators who ar	REAS OF PRACTICE e attorneys-at-law only,)				
List your major areas of practice. If associated with a law firm, list t	Discovery the contract of the	er kan			
Name and Address of Firm	Major Areas of Pra- (self)	ctice Major Areas of Practice (firm)			
Name:	No.				
Address:	de des estados	5. O			
Name:	THE REPORT OF THE PROPERTY OF	97 May 12 100 000 000 000 000 000 000 000 000			
Address:	- Section () description ()	*			
PART 4. OTHER SO	DURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include	gifts. If none, check the box.			
None	COMMENSANIA AND AND AND AND AND AND AND AND AND AN	· MANANIAN (In the section of the se			
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name: Maine uneuployment Insurence, Bureau of Address: 54 State House Station, August		unemployment			
Address: 54 State House Station, August	zy 04333	annananananananananananananananananana			
Name:					
Address:	and the second s				
PART 5. REPORT					
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box.	reporting period, and list the major			
□ None	ettiittä 140 olukkoksemminen minnin minnin oluttaa 100 olutta 100 olutta 100 oluttaa koksemminen en kennin minnin tuotaa 100 oluttaa 100 olutta	TO THE CONTRACT OF THE CONTRAC			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:					
Address:					
Name:		dien voorstraan voorsperkering (SOM) (SOM) AN OOR AND OOR AN			
Address:	MACAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				
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		of meanman.			
Name of Source of Gift 1.	Name of S 3.	Source of Gift			
2.	4.	1997/15/2017/00/00/2017/40/00/2017/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4			

PART 7. REPORT	ABLE HONO	RARIA				
List the source of any honoraria accepted for appearances or speed	hes related to	your official du	uties. If none, check the box.			
□. None		en nover , unanconnecement november Administrativity (1988). "Addit	0-3280/MMAA: 686-440/MAA: «Анг.» — «««««««««««««««»»» ««««««»»» «««««»» «««««»» ««««««			
Name of Source of Honoraria		Name o	f Source of Honoraria			
1.	3.					
2.	4.		MECHANISAN MAKANTAN MAKANTAN MAKANTAN KANTAN KANTAN KANTAN MAKANTAN MAKANTAN MAKANTAN MAKANTAN MAKANTAN MAKANT			
PART 8. REPRESENTATION	BEFORE ST	TATE AGEN	CIES			
List each executive branch agency before which you represented of the box.	or assisted oth	ers for compe	nsation of any amount. If none, che			
☐ None	\$55235A5525355555555555440000000000000000000000	NEW YORK TO SECURITY OF THE SE	and the second of the second s			
Name of Agency		N.	ame of Agency			
1.	3.		,			
2.	4.	itali (CC) (CC) (CC) (CC) (CC) (CC) (CC) (CC				
PART 9. BUSINESS W	TH STATE	GENCIES				
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 immediate fa	mily sold goo	ds or services with a value in excess			
□ None			- Market Marin (St. W. St. Levi M. St. Lev			
Name of Agency			ame of Agency			
1.	3.	•				
2.	4.					
PART 10. INCOME RECEIVED BY I	MEMBERS ()	E IMMEDIA	7-4-7/4/16/			
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 o	or more receiv	ed by your spouse or dependent chil			
Type of Economic Activity Representing Source of Income Received	ved appro	Circle appropriate Kind of Income letter				
1.	s	D	adament i i in dimenum di um um um in dimeni di in dipensi i in e, menge, que i e calcul i ilm dimenum a la mum			
2.	S	D	A STATE OF THE STA			
3.	S	D				
4.	S	D				
SIGNA	THE					
	244 Abrill 1 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
A Legislator who willfully fails to file a required statement is suit (1 M.R.S.A. § 1017-A)	bject to a fine	e of \$10 per	business day until the report is file			
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 Commissi	on concludes	s that it appears that a Legislator ha			
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, ar (1 M.R.S.A. § 1019)	to file a requir	ed statement	all be precluded from voting on a			
St Martho		1/15/0	C			
Signature		111210	Date			

NAME:	DATE:												
ADDRESS:	457 (A. C. A. C.	T ON THE PROPERTY AS A SECURITIVE OF THE CHARLES	**************************************	en lande en de la company	NOON TOTAL BUILD AS TOTAL AS TO STANKE AND A	na n	ANTONIO TIPO ANTIBORIO CON ANTIBORIO (BARANCO ARTIRA ANTIBORIO ANTIBORIO ANTIBORIO ANTIBORIO ANTIBORIO ANTIBORI	Table	TUTURATA <u>R</u> UTURANA	EVRAHABAN MARAMATAN	CHANGAS INTERPREDITION OF THE	er community	**** 4+6\$* ***********************************
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the pa	art or	section	number	for the
Part/Section Number					retiret generale en 1979 i Note Gode de Server		and a second						
·	14 ce e 8 8 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6												
	Constraint of the Constraint o				•								
·	eneronomica Manifesto.												
	. CARGORA CARG						•						
	SE ALAGONIO DO PORTO DE PORTO												
	A delication of the state of th												-
	AND THE PROPERTY OF THE PROPER												
	- Carriagna Schooland Co												
	Apple Bigger-consistent access			•									•
	entriconomica en constantes				÷								
	WHITE MAKES AND				·								
	AA-AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA												
	RE-SHAPPER REPORTED TO THE RESEARCH TO THE RES												
	NOTATION AND AN ANTALA							-					
	to Act deployment on the second									•			
	NACY COLOR OF THE			-									
	A CONTRACTOR OF THE CONTRACTOR												
		,											
										-			