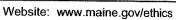
Office: 242 State Street, Augusta, Maine



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.

EGISLATOR INFORMATION					
PBELL SR	Member of: ☐ House ☐ Senate				
Mailing address POBox29					
City, zip code WEST NEWFIELD, MAINE 04095					
DERIVED FROM EMPLOYMENT BY AND	DIHER				
from whom you received compensation loyer.	of \$1,000 or more. Specify the				
Address	Principal Type of Economic Activity of Employer				
AUGUSTA	STATE GOV.				
3000-510-00-00-0	was not considered and the self-service record and record and the service new record and the service n				
ME DERIVED FROM SELF-EMPLOYMEN	j j				
ess, if any, and list the major areas of earling firm, professional association, or simil	conomic activity from which you lar business entity, list the major				
Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
	THE SECRETARY AND				
**************************************	energen en e				
	DERIVED FROM EMPLOYMENT BY AND from whom you received compensation loyer. Address Address ME DERIVED FROM SELF-EMPLOYMENT PROBLEM SELF-EMPLOYMENT P				

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 represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.							
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income						
Name: Address:	SHARITA MILANOOL						
Name: Address:							
Appendix and the second	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: Address:							
Name: Address:	CONVERTMENT OF THE PROPERTY OF						
PART 4. OTHER SO	URCES OF INCOME						
List each source of income of \$1,000 or more not listed in Parts 1, 2	and the second s						
None							
Name and Address of Source	Kind of Income (investments, leases, etc.)						
Name: SociAL SECURIT	T						
Name: Address:	Ti de la constitución de la cons						
PART 5. REPORT	ABLE LIABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or me areas 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							
Name and Address of Creditor	Principal Type of Economic Activity of Creditor						
Name:							
Address:							
Name: Address:							
PART 6. REPO							
List the specific source of each gift of more than \$300. Include gifts none, gheck the box							
None							
Name of Source of Gift 1.	Name of Source of Gift 3.						
2.	4.						

PART 7. REPORT	ABLE F	IONO	RARIA				
List the source of any honoraria accepted for appearances or speed		A property of the Control of the Con					
None			and the second s				
Name of Source of Honoraria			N	arne of Source of Honoraria			
1.	3.						
2.	4.	をいっていた。「アイル・アイル・アイル・アイル・アイル・アイル・アイル・アイル・アイル・アイル・					
PART 8. REPRESENTATION	I BEFO	RE ST	ATE /	AGENCIES			
List each executive branch agency before which you represented the box	or assist	ed othe	rs for	compensation of any amount. If none, check			
None	PECONE CHEROLOGICAL PROPERTY AND	Discourse and the second se	Marinery az tot zvodenov				
Name of Agency				Name of Agency			
1.	3.	and the state of t					
2.	4.						
PART 9. BUSINESS W	/ITH ST	ATE A	GENO	CIES			
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immed	diate fa	mily so	old goods or services with a value in excess of			
☐ None	151103038381818181818181818181818181818181	on and the second second	SALIER Wildeling Commence	n en			
Name of Agency		And the second of the second		Name of Agency			
1.	3.			The second secon			
2.	4.						
PART 10. INCOME RECEIVED BY	MEMBE	RS O	FIMM	EDIATE 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.	me of \$	1.000 c	r more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Recei	ved	Circle appropriate Kind of Income letter					
1.		(S)	D	SOCIAL SECURITY			
2.	***************************************	S	D	a material announcement in the anti-control and the annual angular three and an anti-control and annual and annual annual and annual annual and annual annua			
3.	000°4* 000 NA	S	D	American construction (CCC D Excelled Builds enhances consupply) (2002) Calcidate Medical consumer general calcidate All subdises a consumer general calcidate All subdises and calcidate All			
4.	5	S	D	The second secon			
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 the Commission concludes that it appears that a Legislator has willfully 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:	AN TEAT OF CONTINUES above consideration of the April Apri	77. XXXII XXII XXII XXII XXII XXII XXII	ennegyereszeni (zennege) (A	irititet (manuse englysme ellerikumis).		on a general control of the second party section is a second and a second	orazanan den mande e obligada e de la fallando e a delibril (1.77) (1.78)	thankarana (Marang 1974), pamanaran menganaran panggang penggang penggang penggang	de la	1994 (1995) (1996 <mark>) (1996) (1996) (1</mark> 996) (1	magazina ma
American School of the Control of th				ADD	ITIONAL II	NFORMA	TION				
Please provide information you	any additional are providing.	information	below	(and or	n additiona	sheets	if needed).	Indicate the pa	rt or section	number for	the
Part/Section Number		"" (" " " " " " " " " " " " " " " " " "									
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