Office: 242 State Street, Augusta, Maine



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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 previously t	filed statement for the calendar year a	2008.			
LEGISI	LATOR INFORMATION				
Name ALAW CASAVANT		Member of: ☐ House ☐ Senate			
Mailing address 22 Mee Tin Ghouse Ru		District 3 7			
City, zip code Biddle for D 040		Phone 2844690			
	ED FROM EMPLOYMENT BY ANO				
List the name and address of each employer from principal type of economic activity of each employer.	whom you received compensation of	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
Biddeford School Dept Main	n ST Biddlefold	Education			
	CORDINATION OF CONTROL OF THE WARRY AND ANY STATE OF THE CONTRACT CONTROL OF THE	COMMINION TO THE PROPERTY OF T			
		Mattifelanin en Anngrier ett statet statet statet statet statet en Annah en Annah et ett statet statet statet s			
	ERIVED FROM SELF-EMPLOYMEN tors who are self-employed.)	T.			
A. List the name and address of your business, if derived income. If associated with a partnership, fir areas of economic activity of that entity.	any, and list the major areas of ec	onomic activity from which you ar business entity, list the major			
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name: Address:		The second secon			
Name:		The state of the s			
Address:	04				

PART 2 (continued). INCOME DE (For Legislators who	RIVED FROM SELF-EMPLO o are self-employed.)	YMENT
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 profet the entity or person from whom the income was derived.	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:		TO ENGLACING AV
Address:	NORTH THE THE STATE OF THE STAT	
Name:		in the state of th
Address:	REAS OF PRACTICE	
(For Legislators who ar	e attomeys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	he major areas of practice of you Major Areas of Pra	and the control of th
Name and Address of Firm .	(self)	(firm)
Name:		** * * * * * * * * * * * * * * * * * *
Address:		arrana amangan magamag magamag Tangan magamag
Name:	Mineline	,
Address:		
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME	a gift. If none about the barre
D None	., OF SOFTING TOTAL. DO FIOL INCIDEN	e gitts. If florie, check the box.
99(2)(3) + 0.0000000000000000000000000000000000		Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name: CHRIS MCLOON Address: GUINER RJ KENNCHILPS	AT Ne	kert
Name:		
Address:		
PART 5. REPORT	garanta da Aliandra de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de Caracteria de Car Caracteria de Caracteria d	
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	arts street the contribution of the transfer of the transfer of the transfer of the contribution of the transfer of the transf	gg (1775) maga ging kanananananan ang mga mga mga mga mga mga gg (1876) mga manana mananan mananan mananan mga
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, check the box	with an aggregate value of more	e than \$300 from a single source. If
None Alama at Soutage at City	and the second s	anna maiste si
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	0.00079705000000000000000000000000000000

PART 7. REI	PORTABLE H	ONO	RARIA				
List the source of any honoraria accepted for appearances or	r speeches rela	ted to y	our of	ficial duties. If none, check the box.			
None							
Name of Source of Honoraria			N	ame of Source of Honoraria			
1.	3.						
2.	4.	9999:31999:3190000 40Mb	5-650000597500484444eeeg	R 161 - 44479-0419-0419-0419-0419-0419-0419-0419-041			
PART 8. REPRESENTA	ATION BEFO	RE ST	ATE /	AGENCIES			
List each executive branch agency before which you represe the box.	ented or assiste	ed othe	ers for	compensation of any amount. If none, check			
None	(0)(0)(0)(2)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)		OCCUPANTO CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C				
Name of Agency				Name of Agency			
1.	3.						
2.	4.	e e e e e e e e e e e e e e e e e e e	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990				
PART 9. BUSINE	SS WITH ST	ATE A	GENO	CIES			
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	r of your immed	liate fa	mily sc	old goods or services with a value in excess of			
None	1990 (1994) Million de de Aleman en de commence en de la mente de mente la grap (n) de fraga (n)	+++enniki+virdindouu.usus	All				
Name of Agency				Name of Agency			
1.	3.			T.			
2.	4.	######################################	MANUSCO MANUSCO CONTRACTOR CONTRA	99499900000000000000000000000000000000			
PART 10. INCOME RECEIVE	D BY MEMBE	RS O	= IMM	EDIATE FAMILY			
List the type of economic activity representing each source of (ren) during the reporting period and the kind of income representation of income representations.	of income of \$1	,000 o	r more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income	Received	Cir appro let	Kind of Income				
1.	Ā Transaction and the state of	S	D				
2.	energen de de la companya de la comp	S	D	i dia mandahan kencanan di disebah panggangan kalaman di sebah sebah sebah panggan kanggan kanggan di panggan s			
3.		S	D	Names (Control of Control of Cont			
4.		s	D	Commitment (Control of Control of			
	SIGNATURE						
	property (Company Company Comp						
A Legislator who willfully fails to file a required statement (1 M.R.S.A. § 1017-A)	t is subject to	a tine	Of \$1	U per business day until the report is filed.			
The intentional filing of a false statement is a Class E crin willfully filed a false statement, it shall refer its findings of fa	ne. If the Con	nmissio	on con neral.	cludes that it appears that a Legislator has			
If the Commission determines that a Legislator has willfully the Legislator shall be presumed to have a conflict of in question in committee or in either branch of the Legislatu (1 M.R.S.A. § 1019)	terest on ever	y que	stion a	and shall be precluded from voting on any			
			4	129/09			
Signature				Date			

NAME:	DATE:											
ADDRESS:	MPROCEE CONTRACTOR OF THE PROCESS OF	ан англия сорошина байна до до до		(1997) (1721) (1891) E. Million en en elle en commune	mana di manunan Mindilin aphika paga pang ay ang ang ay ay a	(1911) Andrick (1914) 1914 (1914) (1914) (1914) (1914) (1914)	ennius automorphy (1992) (1994) (1994)	enterioria de la compania de la comp	(1 4-14 1-13344)); museuseuseuse _t gem	maddin can digina a maddin a can an a	tari (1882 - 1884) di kanganawa katawa k	nemanika engangan penangan dan dalam
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if I	needed).	Indicate	the part	or section	number	for the
Part/Section Number												
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