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 previously filed statement for the calendar year 2008. | | | | | | | |
|---|---|---|--------------|--|--|--|--|
| LEGISLATOR INFORMATION | | | | | | | |
| Name Richard M. (EB) | Member of: House □ | Senate | | | | | |
| Mailing address 15 Steamboat Lde | District / / / | | | | | | |
| Mailing address 15 Steamboat Ldy City, zip code NAPLES, 04055 | Phone 697.4 | 195) | | | | | |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER | | | | | | | |
| 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 MAINE | e of MAINE AUGUSTA | | | | | | |
| | - 2005 ТОМИНИСТВИМИТЕЛИМИТЕЛЬНИЕ ««««««««««««««««»»»»»»» ««««««««««»»»»»» | COLOREGUES E. SHANTON | | | | | |
| PART 2. INCOME | DERIVED FROM SELF-EMPLOYMEN | | | | | | |
| (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 Ec Activity (partnership, association business entit | n or similar | | | | |
| Name: Steamboat Ldy Carp Address: 15 Steamboat Ldy Nogoles | CWNER/CEO | TOURS BIROSED Amusemat Braness | | | | | |
| Name: Address: | | | | | | | |

| 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 disclosure is prohibited by law, rule, or an established code of profesthe entity or person from whom the income was derived. | epresents more than 10% of your grosentity or person from whom you derive | ved such income. If this form of ipal type of economic activity of | | | |
| Name and Address of Source | A | Principal Type of Economic activity of Entity or Person Who is the Source of the Income | | | |
| Name: Address: | | | | | |
| Name: Address: | | | | | |
| | REAS OF PRACTICE re attorneys-at-law only.) | | | | |
| List your major areas of practice. If associated with a law firm, list the | | n. | | | |
| Name and Address of Firm | Major Areas of Practice (self)- | energy common and a common common and the common an | | | |
| Name: Address: | nt Described and Aller of the Control of the Contro | white is a contract of the con | | | |
| Name: | 6x1644 x x x x x x x x x x x x x x x x x x | | | | |
| Address: | | | | | |
| PART 4. OTHER SE | OURCES OF INCOME | | | | |
| List each source of income of \$1,000 or more not listed in Parts 1, 2 | Appendix former to the control of th | ls. If none, check the box. | | | |
| ☐ None | | | | | |
| Name and Address of Source | | Kind of Income (investments, leases, etc.) | | | |
| Name: Verizon Inc Cell Tower Prop. Address: WANTAGE NON Fersey | urby bease | Kent/lease | | | |
| | ************************************** | | | | |
| Name: 1enants, | | Rent | | | |
| Address: | · · · · · · · · · · · · · · · · · · · | | | | |
| | ABLE LIABILITIES | | | | |
| 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 reported relative. If none, check the box | orting period, and list the major | | | |
| None | and the state of t | n - mentan samanan pendakan kenangkan saman kan kan kan mengan kan kan kan kan kan kan kan kan kan k | | | |
| Name and Address of Creditor | | Principal Type of Economic Activity of Creditor | | | |
| Name: | • | | | | |
| Address: | | | | | |
| Name: | And the state of t | MANAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGAGA | | | |
| Address: | - Andrew | | | | |
| PART 6. REPORTABLE 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 | n \$300 from a single source. If | | | |
| None | | | | | |
| Name of Source of Gift 1. | Name of Sour 3. | ce of Gift | | | |
| 2. | 4. | Lanners-war and report by 507 54 507 54 507 54 507 55 507 50 50 50 50 50 50 50 50 50 50 50 50 50 | | | |

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| | PART 7. REPORTABLE HONOR | RARIA | | | | |
|---|--|--|--|--|--|--|
| List the source of any honoraria accepted for | or appearances or speeches related to y | our offic | cial duties. If none, check the box. | | | |
| None | мистория и по в нешения до мусту стороження до не нешения до нешения нешения до нешения до нешения до нешения д В нешения нешения до нешения до мусту стороження до нешения до нешения до нешения до нешения до нешения до неш | | ## A Mark 1995 - | | | |
| Name of Source of Hono | praria | Na | me of Source of Honoraria | | | |
| 1. | 3. | | | | | |
| 2. | 4. | 4. | | | | |
| PART 8 | . REPRESENTATION BEFORE ST | ATE A | GENCIES | | | |
| List each executive branch agency before the box. | which you represented or assisted other | rs for c | ompensation of any amount. If none, check | | | |
| None | | of Possibility Superior and Superior Su | | | | |
| Name of Agency | | | Name of Agency | | | |
| 1. | 3. | 3. | | | | |
| 2. | 4. | 4. | | | | |
| P | ART 9. BUSINESS WITH STATE A | GENC | IE\$ | | | |
| List each executive branch agency to which \$1,000 during the reporting period. If none, | n you or a member of your immediate far , check the box. | mily sol | d goods or services with a value in excess of | | | |
| None | 18 (1975 - 1984) Miller de Maria de Maria a de Maria de Maria (1985 - 1985) Miller (1985) Miller (19 | erialnessuscentral recommunication | | | | |
| Name of Agency | | Propression Const. | Name of Agency | | | |
| 1. | 3. | 3. | | | | |
| 2. | 4. | 4 | | | | |
| PART 10. INC | OME RECEIVED BY MEMBERS OF | = IMME | EDIATE FAMILY | | | |
| List the type of economic activity represent (ren) during the reporting period and the kir "D" for income received by dependents. | ting each source of income of \$1,000 ond of income represented. Do not include | r more le gifts. | received by your spouse or dependent child Circle "S" for income received by spouse or | | | |
| Type of Economic Activity Representing | lett | priate | Kind of Income | | | |
| 1. Office work/Human | Pesales/Mar, ne love Billion (S) | D | SALARY | | | |
| 2. WOrk + Summer Pay | of time s | (b) | Houshy | | | |
| 3. | S | Ď | V | | | |
| 4. | S | D | | | | |
| | SIGNATURE | | | | | |
| A Legislator who willfully fails to file a re (1 M.R.S.A. § 1017-A) | equired statement is subject to a fine | of \$10 | per business day until the report is filed. | | | |
| The intentional filing of a false statement willfully filed a false statement, it shall refe | is a Class E crime. If the Commission its findings of fact to the Attorney Ge | on cond 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

Date

| NAME: | Cebra, Richard DATE: 1-20 | | | U O9 | | | | | |
|--|--|--------|------|----------|-------|---------|------|--------|--|
| ADDRESS: | 15 | Steams | boat | Ldg NA | PLES, | 04d55 | | | n de la companya de l |
| ADDITIONAL INFORMATION | | | | | | | | | |
| Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Part/Section | | | | | | | | | |
| Number | | | | | | | | | |
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