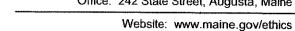
Office: 242 State Street, Augusta, Maine



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.

-6									
☑ Please check if this is an update to a previously filed statement for the calendar year 2008.									
LEGISLATOR INFORMATION									
Name Michael Ce	11:		Member of: House						
Mailing address 42 Gettys burg	Ave		District 2	District 21					
City, zip code Drewer, 0441.	2		Phone 989 -	4720					
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					
City of Brewer	80/1. Br	ain St ewer, ME 04412	Local Local						
		**************************************	2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (2000 (200) (2000 (2000 (200) (2000 (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (200) (200) (2000 (200) (2000 (200) (2000 (200) (200) (2000 (200) (200) (200) (200) (200) (200) (2000 (200) (100; 2000000000 v. b.C/Q0040044 exercitary removal (CES) (CE					
	. The state of the	то от терите до своем в своем в дент с на при		Albace de Annes e que e gra escala Casa de Cas					
		RIVED FROM SELF-EMPLOYM rs who are self-employed.)	IEN T						
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 Activi (self)	ty Act (partnership, ass	Major Areas of Economic Activity (partnership, association or similar business entity)						
Name: Address:	**************************************	en principal des executor							
Name:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		MB000844 en habe en	тором (1985—1983). В серения в предоставления в предоста					
Address:			TREAD TO THE TREAT THE TR						

PART 2 (continued). INCOME DEF (For Legislators who	RIVED FROM SELF-EMPLO are self-employed.)	YMENT	ACCOMMENSATION OF CONTROL OF CONT			
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.	presents more than 10% of you entity or person from whom you	derived such in- principal type of	come. If this form of economic activity of			
Name and Address of Source	Activity of Er	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name: Address:		A CONTRACTOR OF THE PROPERTY O				
Name: Address:	от по в в в под	manifesta de la companya de la comp La companya de la companya del la company	entillettervar tillste skillet skillet skillet til skillet skillet skillet skillet skillet skillet skillet ski			
PART 3. MAJOR AF (For Legislators who are						
List your major areas of practice. If associated with a law firm, list the		ur firm.				
. Name and Address of Firm	Major Areas of Pra (self)	erenden og att en				
Name: Address:	n Inspired and the Assessment of the Assessment	A A A A A A A A A A A A A A A A A A A				
Name: Address:	motorgo e se su come e su come e come	The second secon	³⁴⁴ онтине концент он об учитуна учитуна учитуна учитуна учитун он			
		Vine Control of the C				
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2		A aifta If noon	abook the hav			
None		ie gilts. Il Horie,	**************************************			
$q_{ij} = q_{ij} = q$		New York to the section of the secti				
Name and Address of Source			Kind of Income (investments, leases, etc.)			
Name: Social Security Disability Address: 362/br/owSt, Bangor, ML 09 Name: Unum Provident Ins, Co.	4401	Dis ability				
Name: Unum Provident Ins, Co.	anankaran manakan mananan manan 	Disability				
221/ Congress ST, PART 5. REPORT						
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	e reporting perio	d, and list the majo			
None						
Name and Address of Creditor			ype of Economic y of Creditor			
Name: Brewer Federal Credit Union Address M. Main St, Brewer, ME 04412		Signati	re Loan			
Name: Marrill Bunk	1/1 ~	Signat	re Loan			
Address: Wilson Sti, Brever, ME 04	7/2-					
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 mor	e than \$300 fror	n a single source.			
None	om til sen 19 st. sellstade 1883 ble still senastrings mengentaman heldigade medikalah mendelimber mellember p	t (18. júníst) vertitalytte fil fillford traff tillfall still av degenerate generate g	eta kinda (1820-1821), talikila ja ja kilikinna neminana ja join 200 ja ja kinda naadannassa.			
Name of Source of Gift 1.	Name of 3.	Source of Gift				
	A					

PART 7. REPO	ORTABLE H	IONO	RARIA				
List the source of any honoraria accepted for appearances or s	peeches rela	ted to	your of	ficial duties. If none, check the box.			
None		Manager Street, Control	S-255/4504444				
Name of Source of Honoraria			Ŋ	lame of Source of Honoraria			
1.	3.						
2.	4.		OK : 10 A-25040 . y ********	PC NO. NECON EXECUTE SOUTH AND			
PART 8. REPRESENTAT	TION BEFO	RE S1	ATE	AGENCIES			
List each executive branch agency before which you represent the box.	ited or assist	ed oth	ers for	compensation of any amount. If none, check			
None	- 	enann manne e e e e e e e e e e e e e e e e e e	NET CHECK CONCORDANCE CONCORDANCE				
Name of Agency				Name of Agency			
1.	3.	inainini rissonway yyya	r Addition of the Control of the Con				
2.	4.	elektronovelovely mytytyty	Acestus Acestu	Monoration (in the control of the co			
PART 9. BUSINES	S WITH ST	ATE /	\GEN(DES			
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	of your immed	liate fa	mily so	old goods or services with a value in excess of			
☑ None	BANKA (minima 1996) (Bank) (CCB) (BENKE)	- Secondary - Company Secondary		ментення водина на н			
Name of Agency			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name of Agency			
1.	3.	3.					
2.	4.	4.					
PART 10. INCOME RECEIVED	BY MEMBE	RS O	FIMM	EDIATE FAMILY			
List the type of economic activity representing each source of (ren) during the reporting period and the kind of income represe "D" for income received by dependents.	income of \$1	.000 c	or more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income R	appro	cle priate ter	Kind of Income				
1. Social Security - Minor Dep	endant	S	(D)	Dependent Disability pay			
2.		s	D	and the second s			
3.	Middle Middle on a marrian en	S	D				
4.		S	D				
SIC	SNATURE						
A Legislator who willfully fails to file a required statement is 1 M.R.S.A. § 1017-A)		a fine	of \$16	o per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime villfully filed a false statement, it shall refer its findings of fact	. If the Com	missi	on con	cludes that it appears that a Legislator has			
f the Commission determines that a Larielate has will it is	io the Attorn	еу Се	neral.	•			

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.

Signature

Date

NAME:	DATE:											
ADDRESS:		Annual Michilland Conductors on an employment or again		***************************************	**************************************	Jeneschlennikonenneuwen-vergege	CONTRACTOR OF APPROXIMATE PROPERTY OF THE STATE OF THE ST	TEXA (and the latest the text to the text	Takin kool dii ila ee	violitavaaleeskoosenuooleesen ku		**************************************
ADDITIONAL INFORMATION												
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