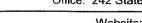
Office: 242 State Street, Augusta, Maine



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.

IEG	ISLATOR INFORMATION			
E-0	SEATOR INFORMATION			
Name Kathleen D. Chuse		Member of: ☑ House ☐ Senate		
Mailing address 142 Branch Rd		District		
City, zip code ME 04090	\$450,00494880000000000000000000000000000000	Phone 307-646-2118		
PART 1. INCOME DER	RIVED FROM EMPLOYMENT BY AND			
List the name and address of each employer from principal type of economic activity of each employer	m whom you received compensation er.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
State of Maine	Augusta, ME	State Covernment		
Chased Hamlun Mn. Ext 80	55 Bragdon Rd	Cravel/Dirt Processing		
		an film the state of the state		
	DERIVED FROM SELF-EMPLOYMEN	Ī		
A. List the name and address of your business, derived income. If associated with a partnership, areas of economic activity of that entity.	if any, and list the major areas of e	conomic activity from which you lar 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: Chase and Hampyn Myn. Ey.T Address: 855 Braydon Rd	Coravel/Gand Gales	Wholly owned by Legislator & Spous E		
Name:				
Address:	166 01112			

PART 2 (continued). INCOME DER (For Legislators who	IVED FROM SELF-EMPLOY are self-employed.)	(MENT			
B. List each source of income derived from self-employment that rep is greater, and specify the principal type of economic activity of the e disclosure is prohibited by law, rule, or an established code of profes the entity or person from whom the income was derived.	presents more than 10% of your entity or person from whom you o	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: Chase & Hamifu Almeral Extraction, . Address:	INC.	Processing and Sales of Convergent, Dirt			
Name: Address:					
PART 3. MAJOR AR					
(For Legislators who are List your major areas of practice. If associated with a law firm, list the		- Am			
Name and Address of Firm	e major areas of practice of your Major Areas of Prad (self)	<u>Barantan kanana makamana makan makan kanan kanan kanan kanan kanan kanan manan manan manan manan manan manan </u>			
Name:	To account of the acc				
Address:	BOTH THE RESERVE THE SECOND OF THE				
Name: Address:	окимения	vontestatatus ficata			
PART 4. OTHER SOL					
List each source of income of \$1,000 or more not listed in Parts 1, 2,	OF 3 OI THIS TOFM. DO NOT INCIDENT	• gitts. If none, check the box.			
□ None		tterproprietes to the propriete prop			
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name:	Licensia in terms				
Address:					
Name:					
Address:					
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mo areas of economic activity of each creditor. Do not list loans from a re-	ore that you received during the	reporting period, and list the major			
None	reserves where the enterest control of the control	COMMITTED COMMITTED CONTROL OF A STATE OF THE AMERICAN PROPERTY OF THE PROPERT			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:	To the second				
Address:		and the state of t			
Name:	AN ACTUAL AY AND ATTUAL AY AND ACTUAL AY AND ATTUAL AY AND ATTUAL AY AND ATTUAL A				
Address:	***************************************	:			
PART 6. REPOR	RTABLE GIFTS				
List the specific source of each gift of more than \$300. Include gifts value, check the box	with an aggregate value of more	than \$300 from a single source. If			
None					
Name of Source of Gift 1.	Name of 4	Source of Gift			
2.	4.	The second secon			

	PART 7. REPORTABLE	HONOI	RARI	4			
List the source of any honoraria accept		and the second second					
None	And the state of t	98:00000					
Name of Source of H	onoraria		ħ	lame of Source of Honoraria			
1.	3.						
2.	4.	4. 12.					
PAR	T 8. REPRESENTATION BEF	RE ST	ATE	AGENCIES			
				compensation of any amount. If none, check			
None	1998 (1998) Alekanin Amerikan (1997) (1997) Alekanin Amerika (1997) (1997) (1997) Amerikan Amerikan (1997) (19	***************************************	***************************************				
Name of Agen				Name of Agency			
1.	3.						
2.	4.	4.					
	PART 9. BUSINESS WITH S	IATE A	GEN	CIES			
List each executive branch agency to w \$1,000 during the reporting period. If no	hich you or a member of your immone, check the box.	ediate fa	mily so	old goods or services with a value in excess of			
None	till til en vinnenmen men statt statiste som en	anterior productive de la companya d	h-j-desilepper/descharassessure				
Name of Agend				Name of Agency			
1.	3.		ν.				
2.	4.	\$					
PART 10. I	NCOME RECEIVED BY MEMB	ERS O	F IMN	EDIATE FÄMILY			
List the type of economic activity repres	senting each source of income of	\$1.000 o	or more	e received by your spouse or dependent child s. Circle "S" for income received by spouse or			
Type of Economic Activity Represent	ing Source of Income Received	appro	rcle priate ter	Kind of Income			
1 Gravel Sand Dort Proces	sny & Sales	(s)	D	Retail Sales of Gravel Gard Dr			
2.	7	s	D				
3.	The control of the co	S	D	e alla del description de l'annue			
4.		S	D				
	SIGNATURE						
A Legislator who willfully fails to file a	required statement is subject to	a fine	of \$1	0 per business day until the report is filed.			
(1 M.R.S.A. § 1017-A)							
The intentional filing of a false stateme willfully filed a false statement, it shall r	ent is a Class E crime. If the Co efer its findings of fact to the Atto	mmissionev Ge	on con 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

1/30/09

NAME:		DATE:								www.ydan	
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ADDITIONAL INFORMATION											
Please provide information you	any additional are providing.	information	below	(and or	additional	sheets if neede	ed). Indicate	the part or	section n	umber for the)
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