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 pre	viously filed statement for the calendar year	2008.		
	LEGISLATOR INFORMATION			
Name Hensel E Mailing address City zin code	Herbert E CHARIC			
City, zip code ///:////////////////////////////////	Phone 207-723-5746			
PART 1. INCOME	EDERIVED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employ principal type of economic activity of each em	er from whom you received compensation aployer.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
Ret-GIN.P. Maine Stale heg	Aug us f a	State Representation		
	OME DERIVED FROM SELF-EMPLOYMEN			
A. List the name and address of your busi	Legislators who are self-employed.)	enomic activity from which you		
derived income. If associated with a partner areas of economic activity of that entity.	rship, firm, professional association, or similar	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: Ret (WMe)				
Name:	Late III or a service.			
Address:				

	RIVED FROM SELF-EMPLOYMENT to 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	epresents more than 10% of your gross income or \$1,000, whichever entity or person from whom you derived such income. If this form of essional ethics, specify only the 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: Address: Mowe	
Name: Address:	
(For Legislators who ar	REAS OF PRACTICE re 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:	A. S.
Address: W JOW	19 + 1 SAC CALAST OF
Name:	MATERIA CONTINUE AND
Address:	Manager is not as a second state of the second
PART 4. OTHER SC	OURCES OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include gifts. If none, check the box.
D None	、中央の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	Name of the second seco
Address:	
Name:	MANUSCA MARKATA AND AND AND AND AND AND AND AND AND AN
Address:	File (Sienes)
	ABLE LIABILITIES
areas of economic activity of each creditor. Do not list loans from a	nore that you received during the reporting period, and list the major relative. If none, check the box
□ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	\mathcal{I}_{0}
Address:	
Name:	W ARRAMA AND AND AND AND AND AND AND AND AND AN
Address:	
4.00	RTABLE GIFTS s with an aggregate value of more than \$300 from a single source. If
none, check the box	With an aggregate value of more than \$500 nom a single source. It
None	, D
Name of Source of Gift 1.	Name of Source of Gift 3.
2.	4.

PART 7. REPORTA	ABLE HONO	RARI			
List the source of any honoraria accepted for appearances or speed	Control of the Contro				
None	teritoria de Principio de Santo de Santo de Carres, a comercia de Carres, antica esta antica de Arres, de Carr	e to a transport of the section of t	ak kananan menengan salah kenanan keranan menengan pengangan angan pengangan pengangan pengangan kenangan bera		
Name of Source of Honoraria		Ŋ	lame of Source of Honoraria		
1.	3.				
2.	4.	C viceon-v-garding-c)-do.	# 2000 # 2000 # 1000 # 1000 # 1000 # 1200 # 1200 # 1200 # 1000 #		
PART 8. REPRESENTATION	n de market per demonstration de la company de la comp				
List each executive branch agency before which you represented of the box.	or assisted other	ers for	compensation of any amount. If none, check		
☐ None	CALLES AND	COTATION CONTRACTOR CO	annonna maranina di salah kalaban manging mangi pasabahan kalaban kalaban manging salah basah basah kalaban sa		
Name of Agency	The state of the s		Name of Agency		
1. N	3.	Managaran	in proprieta (Control Control		
2.		SIMBlemen-werkelederite (prilite	anno distributiva di successi del se esta di successi		
2.	4.				
PART 9. BUSINESS W	100 mm 1	SAFET PROGRAMME			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ır immediate far	mily so	old goods or services with a value in excess of		
None	No Michael Adulum de comming de challe production or describer advantation and account of the commission of the commissi		SPECTED MATERIAL MATERIAL CONTROL OF THE CONTROL OF		
Name of Agency		*** PROTECT A NOTE - 10 A A A A A A A A A	Name of Agency		
1.	3.	\$404museyy	Translation Commission Commission Commission Commission Commission Commission Commission Commission Commission		
2.		Монтинестинующий	erritariocoutous de la		
	4.				
PART 10. INCOME RECEIVED BY N		200000000000000000000000000000000000000	The second secon		
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	d. Do not includ	de gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Receiv	Circ ved approj lett	priate	Kind of Income		
1.	S	D			
2.	S	D			
3.	S	D	American statement of the statement of t		
4.	S	D			
SIGNA	TURE				
A Legislator who willfully fails to file a required statement is sut (1 M.R.S.A. § 1017-A)	oject 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 the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	on every ques	stion a	and shall be precluded from voting on any		
I white		1.	-15-09		

Date

Signature

n Maria de la companya proposa de la companya de l Companya de la companya de la compa		999-91 (2222) ASUN SIN ANN ANN ANN ANN ANN ANN ANN ANN ANN A	inderdelen om en	nova kommonominin prijekti zasinji i kolonisti objekti sisinisti objekti sisinisti objekti sisinisti objekti s	aan fa ka	errenne errenn statut og skallen skall	PROVINCE RESERVED AND SERVED AND AND AND AND AND AND AND AND AND AN	10.07454000000000000000000000000000000000	Pri denoment of processing and accompany of the
NAME:	(e/ber)	<u> </u>	CLAR	16	DATE	· / ~ /	1-08		199000000 sammed develonalasse an
ADDRESS:	180B0	wdo n	97	$M_{ m c}$	LLine	ocker	Me	0446	
Places provide				AL INFORM	The second party of the se				
information you Part/Section	any additiona are providing.	l information belov	w (and on addi	tional sheets	if needed).	Indicate th	e part or se	ction number	for the
Number									And Plant State St
	A TO								
	DOMESTICAL STATEMENT OF THE STATEMENT OF								
	novine management of the contract of the contr								
	And the control of th								
•.				•		• *			
				. ½					
	noccessories								
	e Novo State de La Carlo de La			•	÷			•	
	, Grand-hariemeronomicans va								
	district of NAS Transfer								
	ion kinosynanago szarac.								
				•					
٤	900 CANDISCO A-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6						÷		
	eli eranarina dado	•							
	THE								

	00000000000000000000000000000000000000								
		•							
-	Separate Control of Co								
A VANA									
WAY TO ANNOUNCE TO									