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)

Please check if this is an update to a previously filed statement for the calendar year 2008.

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.

	LEGISLATOR INFORMATION							
Name		Member of:						
Richard C. Cleary	•	⊠ House □ Senate						
Mailing address	THE CONTROL OF THE CO	District						
Po Box 9		8						
City, zip code Hoy Hon, MG	2117 > 1	Phone .						
Houldon, MG	04730	(207)532-7526						
PAPT 3 INCOM	E DERIVED FROM EMPLOYMENT BY ANO							
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	Name of Employer Address							
•	Po 857 9	Attorney						
Class to ACCs o	Houtton, ME 04730							
Cleary Law Office								
		THE RESIDENCE OF THE PROPERTY						
***C500000000 C5000000000000000000000000								
		Anna Anna Anna Anna Anna Anna Anna Anna						
pápta Ing	OME DERIVED FROM SELF-EMPLOYMEN	-						
	r Legislators who are self-employed.)							
A. List the name and address of your bus	siness, if any, and list the major areas of ed	conomic activity from which you						
derived income. If associated with a partne areas of economic activity of that entity.	ership, firm, professional association, or simil	ar business entity, list the major						
Name and Address of Business Entity	Major Areas of Economic Activity	Major Areas of Economic Activity						
	(self)	(partnership, association or similar business entity)						
Name:		re transporture e e e e e e e e e e e e e e e e e e						
Address:								
Name:	\$	Other and the second on the second se						
Address:	AMERICAN CONTRACTOR CO							
		-:						

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT no 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 profethe entity or person from whom the income was derived.	epresents more than 10% of your gross in entity or person from whom you derived s fessional ethics, specify only the principal	such income. If this form of type of economic activity of
Name and Address of Source	Activi	ncipal Type of Economic ity of Entity or Person Who he Source of the Income
Name: ,	And the Control of Con	- and a strategy of the said ship and the same
Address:	* PORTUGALIST	
Name:	Helikus saturasiduseaka engan efina (inga saka kana ana ana ana ana ana ana ana ana	Attack to the state of the stat
Address:		
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list to		
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Cleary Law OFCICE	Real Estate;	SAME
Address: Po Box & Houlton, MG 047	Real Estate; 30 Dankruptcy; pomestic relations	
Name:	U PERMANANA	
Address:	5 6 8 8	
	DURCES 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. It	f none, check the box.
None	and parameters are associated as the filling of the following and the following as the second and the filling of the following as a filling of the filling of the filling of the following as a filling of the filling o	
Name and Address of Source	(in	Kind of income vestments, leases, etc.)
Name:	The state of the s	programmente e siglio (1900 de 1900) de 1900 d En 1900 de 190
Address:		
Name:	F	CONTROL OF THE PROPERTY OF THE
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	nore that you received during the reporting relative. If none, check the box	g period, and list the major
None	WESSELECTOROROGICAL COMMENT OF THE PROPERTY OF	accident southern the property of the control of th
Name and Address of Creditor		icipal Type of Economic Activity of Creditor
Name:		entermente de la contraction de la cont
Address:		
Name:		000000MM
Address:		
	RTABLE 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 \$30	00 from a single source. If
None		AND THE PROPERTY OF THE PROPER
Name of Source of Gift 1.	Name of Source o	f Gift
2.	4.	opentric protocol de la

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speed	ches relat	ed to y	our off	icial duties. If none, check the box.			
Name of Source of Honoraria	i i i i i i i i i i i i i i i i i i i		an an	ame of Source of Honoraria			
1.	3.			ane of cource of notionalia			
2.	4.		999922 200000000.4C 4	outher definition of the Anthonous sense communicate of the Anthonous Control of the Anthonous A			
PART 8. REPRESENTATION	N BEFOR	RE ST	ATE /	AGENCIES			
List each executive branch agency before which you represented the box.	or assiste	d othe	rs for	compensation of any amount. If none, check			
⊠ None							
Name of Agency				Name of Agency			
1.	3.						
2.	4.						
PART 9. BUSINESS W	VITH ST	ATE A	GENC	CIES			
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	our immed	liate fa	mily so	ld goods or services with a value in excess of			
✓ None	darenitati (2000) (2000) (kontrolo kontrolo kontrolo kontrolo kontrolo kontrolo kontrolo kontrolo kontrolo kon	talalluma (terminologia manifolia	-00-Miles (Miles of the months of the China's				
Name of Agency				Name of Agency			
1.	3.	445aan	everence résource concerns				
2.	4.		<u>.</u>				
PART 10. INCOME RECEIVED BY	MEMBE	RS O	FIMM	EDIATE FAMILY			
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1 d. Do no	,000 c t includ	r more le gifts	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Recei	ived	Cir appro let		Kind of Income			
1.		S	D				
2.		S	D				
3.	THE PERSON NAMED IN COLUMN	s	D	3,344,444,444,444,444,444,444,444,444,4			
4.		S	D				
SIGNA	ATURE						
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject 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 willfully filed a false statement, it shall refer its findings of fact to the	the Com	nmissio	on con	cludes that it appears that a Legislator has			

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 file a required statement or has willfully filed a false statement,

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 /

1-15-07 Date

NAME:	DATE:											
ADDRESS:	tradición continuament como mayor (f. 1737 (1864)). As la income la comunicación	*	TOTTE PETALOLIS AND	princes-registrates (4-10-10-10-10-10-10-10-10-10-10-10-10-10-	1998/1998 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -	***************************************	e paralleran menero e e en	anna (14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	errenengerengengen (1998). 2012 All Be	litettä kirikkin kalakuun kannon jä <mark>ä kää emist</mark> etti viitioi.	Webbarbare and a second and a second	PAV historian namen meneral en
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part	or section	number	for the
Part/Section Number						***************************************						
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