

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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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 GAMA CANAGE Heat	er of:
Name Memt	er of:
	per of:
	et # O
r City, zip code	55-5799
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER	
List the name and address of each employer from whom you received compensation of \$1,00 principal type of economic activity of each employer.	00 or more. Specify the
Address Address	ncipal Type of Economic Activity of Employer
Asclepins Research Services 14 Depot St. Site 203 B	Coitest
Asclepius Research Services 14 Depot St. Site 203 B	Re search
	tanunun aparapappor tatta politica politica (s. 1864). Salaksi kalaksi kalaksi kalaksi kalaksi kalaksi kalaksi
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT	
(For Legislators who are self-employed.)	
A. List the name and address of your business, if any, and list the major areas of economic derived income. If associated with a partnership, firm, professional association, or similar busin areas of economic activity of that entity.	activity from which you ness entity, list the major
Name and Address of Business Entity Major Areas of Economic Activity (self) (part	lajor Areas of Economic Activity nership, association or similar business entity)
Name: Ascerpius Research Service Inc. Address: 14 Dept St Sixte 203 Kernehak Research	3 Herb Lesench
Name:	varianemente former executive discussive and the state of the second contract of the second
Address:	

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYM o are self-employed.)	ENT
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 profit the entity or person from whom the income was derived.	entity or person from whom you der	ived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:	of the second of	
Name:	and the second s	AN An Anna Anna Anna Anna Anna Anna Anna
Address:	VALLEAGLEVE	
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		m,
Name and Address of Firm	Major Areas of Practic (self)	engrammenameng property on the state of the
Name:	711-6 1 de la caracteria de la caracteri	
Address:	77000000000000000000000000000000000000	
Name:	A A SA	
Address:	Ab AC	eric ver
PART 4. OTHER SO	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 gi	fts. If none, check the box.
None		The state of the s
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		•
Address:		
Name:	elektris indak	
Address:	Till and the state of the state	
	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 reprelative. If none, check the box	porting period, and list the major
Mone	h di mandadangan untuknya (han 1972 18 27 a a akt untuk a hakta dakkan kat untuknya (ha an an an an an an an a	anne de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		•
Address:		***************************************
Name: Address:	The state of the s	
PART 6 REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		an \$300 from a single source. If
☑ None	18880057818186144444444444444444444444444444444	
Name of Source of Gift 1.	Name of So.	rce of Gift
2.	4.	2000/25/14/4 in the section of the s

PART 7. REPORT	ABLE HO	ONO	RARIA		
List the source of any honoraria accepted for appearances or speed	ches relate	d to y	our off	icial duties. If none, check the box.	
None		elariy balkalvanya	with and the ball of the ball		
Name of Source of Honoraria			N	ame of Source of Honoraria	
1.	3.				
2.	4.				
PART 8. REPRESENTATION	N BEFOR	EST	ATE #	AGENCIES	
List each executive branch agency before which you represented the box.	or assisted	d othe	ers for	compensation of any amount. If none, check	
₩ None	ennement proposition de la company de la	and control columns			
Name of Agency			**************************************	Name of Agency	
1.	3.				
2.	4.		t en de manuel de la constant		
PART 9. BÚSINESS W	/ITH STA	TE A	GENC	IES	
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immedia	ate fa	mily so	ld goods or services with a value in excess of	
₩ None	ión fractions una mesos conscidentes como conscientes de la consciente de la consciente de la consciente de la	ald (1941) all little (1941) ann ann a	i in a state of the section of the s		
Name of Agency	Name of Agency				
1.	3.				
2.	4.				
PART 10. INCOME RECEIVED BY	MEMBER	rs ol	= IMM	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 \$1,0 d. Do not	000 o 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 Received			cle priate ter	Kind of Income	
1.		S	D		
2.		S	D	The state of the s	
3.	**************************************	S	D	The state of the s	
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 \$10	oper 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 Comr	nissio	on con neral	cludes 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, 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

14 FEB 2009

Date

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NAME:	E: DATE:									
ADDRESS:										
ADDITIONAL INFORMATION										
Please provide any additional information you are providing.	al information below	(and on addi	tional sheets	if needed).	Indicate the	part or section	number for the			
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