Office: 242 State Street, Augusta, Maine



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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.

Name		
Mailing address S		Member of: House District Phone
Brunswick M	1E 04011	207 319 45-11
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY A	ANOTHER
List the name and address of each employed principal type of economic activity of each employed	er from whom you received compensatinployer.	ion of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine	2 State house Station Augustu ME	Legislature
Comboin lollege	Bowdom College Brunswick ME 04011	College
USMC Reserves	REDUBLIC AVE TOPShum ME	US Millrary
	OME DERIVED FROM SELF-EMPLOYN Legislators who are self-employed.)	ÁENT
A. List the name and address of your busined income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas of	of economic activity from which you similar business entity, list the major
Name and Address of Business Entity ルッテ いいいつのいなさてん - ディナビ	Major Areas of Economic Activ	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Alex Cornell do Houx Address: 15 page 57 Brungaum M.	E04011 MOTO STAPINY	Moto Contracts
Name: Address:	limmanacia parti	Victoriores (2007)

PART 2 (continued). INCOME DERI (For Legislators who a		NT
B. List each source of income derived from self-employment that reprise greater, and specify the principal type of economic activity of the endisclosure is prohibited by law, rule, or an established code of profess the entity or person from whom the income was derived.	esents more than 10% of your gros tity or person from whom you deriv ional ethics, specify only the princi	ed such income. If this form of pal type of economic activity of
Name and Address of Source	A	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name: Address:		
Name:	n en	то «Нементовання на принценення на принценення на принценення на принценення на принценення на принценення на -
Address: PART 3. MAJOR ARE (For Legislators who are a		
List your major areas of practice. If associated with a law firm, list the		Andreas and the state of the st
Name and Address of Firm	Major Areas of Practice (self)	
Name: Address:	To consider the second	PERMITTY
Name:	техногороди. В 2000-и в былынын байын байын түүн түрүү жайта жайтар болго не ис жайган та эле 2000-оод Түү түү түү түү түү түү түү түү түү түү	COMPONING. COMPONING AND
Address:	eventi//tr	Nice of the control o
PART 4. OTHER SOU	RCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, o	and the state of t	s. If none, check the box.
None	1980 - 19	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Address:	Alexandria de como consente de la como consente del como consente del como consente de la como consente de la como consente de la como consente de la como consente del	
Name: Address:		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a rel	e that you received during the repo	orting period, and list the major
None	The second secon	от подмента в под
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	**************************************	
Name: Address:		
PART 6. REPORT	ARI E GIETS	
List the specific source of each gift of more than \$300. Include gifts wi none, check the box		n \$300 from a single source. If
None	MERCON MANAGEM AND	
Name of Source of Gift 1.	Name of Sour 3.	ce of Gift
2.	MANAGERIA DE LA COMPANIA DE LA COMP	

PART 7. REPORT	ABLE	lono	RARIA	
List the source of any honoraria accepted for appearances or speed	ches rela	ited to y	our off	ficial duties. If none, check the box.
☐ None	a sa	***************	g de grade de la constanta constanta constanta constanta constanta constanta constanta constanta constanta con	
Name of Source of Honoraria	Par veganania		N	ame of Source of Honoraria
1.	3.		No. of the second secon	
2.	4.			
PART 8. REPRESENTATION	N BEFO	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	or assist	ed othe	ers for	compensation of any amount. If none, check
None.	77730000000000000000000000000000000000		0707980035019004800	-
Name of Agency				Name of Agency
1.	3.			
2.	4.	eret kantalasta eretalataren eta	ndrnikišhaksasusi.uu.uu	
PART 9. BUSINESS W	/ITH ST	ATE A	GEN(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.	ur imme	diate fa	mily sc	old goods or services with a value in excess of
None	1.000000000000000000000000000000000000	hrók-hednadoralkariardasa	zorano unimpioni	
Name of Agency				Name of Agency
1.	3.			•
2.	4.		oceanismoscopicamicales actino	######################################
PART 10. INCOME RECEIVED BY	MEMBE	RS O	FINN	EDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$ d. Do no	1,000 c ot includ	r more de gifts	e received by your spouse or dependent child c. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Rece	ived		cle priate ter	Kind of Income
1.	e a servición em destruito de la come	S	D	
2.	terrene te insuero e que su su consuero e que su consuero e que su consuero e que su consuero e que su consuero	S	D	The second distribution of the second distributi
3.	VVI DESSESSE Intersection on consumer	s	D	
4.		S	D	
SIGNA	ATURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ıbject 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 Cor he Attori	mmissi ney Ge	on con neral.	ncludes 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

20090285

Date

NAME:						**************************************	DATE:	Transcort Miller (Medical Andrews Medical Andrews Andr	on management property (27 to meta) (37 to millions)	antion a R igarisan and a symptops of special properties.	19 000 kill neddermore en yngwysoe y sawoo.	(Vilabilani)kamananayaganggangga
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ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if	needed).	Indicate	the part o	r section	number	for the
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