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## JAN 3 0 2009

## 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.

LI Please check if this is an update to a pi	eviousiy iii	ed statement for the calendar year	2008.	
	LEGISL	ATOR INFORMATION		The second of th
Name H David CoHA			Member of:  House	□ Senate
Mailing address  55 53 Fine		District 55	novernetten bet diegen etgelicht zur die lichte zu Sammen wie er der der der der der der der der der	
City, zip code China, 04358			Phone 445	4067
PART 1. INCOM	IE DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each emplo principal type of economic activity of each e	yer from w mployer.	hom you received compensation	of \$1,000 or mo	ore. Specify the
Name of Employer		Address	Principal Typ Activity	oe of Economic of Employer
WATER Montening Services	55 (	Tetchol Rd 160nu, ME	Water N	-DESCRIPTION AND ADMITTAL DESCRIPTION OF THE PROPERTY OF THE P
	Vasse	Ibone, ME		all MA common consequence and constitution of the constitution of the consequence and constitution of the consequence and cons
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	7 A A A A A A A A A A A A A A A A A A A			
		RIVED FROM SELF-EMPLOYMENTS who are self-employed.)	Γ	
A. List the name and address of your buderived income. If associated with a partnareas of economic activity of that entity.	siness, if a ership, firm	any, and list the major areas of eq a, professional association, or simil	conomic activity ar business enti	from which you ty, list the major
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Ai (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: Address: NOWE			25 25 25 27 25 28 28 28 28 28 28 28 28 28 28 28 28 28	. T. C. C. B. Warris Berth and the second and the s
Name:	- CONTRACTOR OF THE CONTRACTOR		**************************************	LILICA General de l'acceptant de propriet y PROCESSIO COCASIONAL DE SANSAGE AND DE L'ACCEPTANT DE L'ACCEPT L'ACCEPTANT DE L'ACCEPTANT DE L'AC
Address;				

PART 2 (co	ontinued). INCOME DERIVED FRO (For Legislators who are self-emplo		
is greater, and specify the principal type	from self-employment that represents more of economic activity of the entity or personal ethics an established code of professional ethics	re than 10% of your gross in con from whom you derived s, specify only the principal	such income. If this form of type of economic activity of
Name	e and Address of Source	Activ	incipal Type of Economic rity of Entity or Person Who the Source of the Income
Name: Address:			
Name: Address:		evalue dade tales invo	
	PART 3. MAJOR AREAS OF PI (For Legislators who are attorneys-at-l	law only.)	
And the state of t	ociated with a law firm, list the major area	en e	
Name and Addr	ress of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address:			The state of the s
Name: Address:	AN ANNA LA CACATACA AN ESTADA AND AN	TOTAL TO THE MENTAL AND	
	PART 4. OTHER SOURCES OF	and a supply on a farment of the most of the most of the farmed and a supply of the farmed and t	
en anno en	more not listed in Parts 1, 2, or 3 of this for	orm. Do not include gifts.	If none, check the box.
│ □ None			
	e and Address of Source	(in	Kind of Income extracts, leases, etc.)
Name: Pental Property  Address: 53 pp Fine RD (%)  Name: U.S Army (DFAS)		- Galifitina de Adordo	
Address: 5340 Fine RD OS.	IND ME	Rei	
Name: U.S Army (DFAS)		i i	Litory Retinement
Address: IndiaMAPOLIS, Il		¥	7
List the names of creditors for any unse areas of economic activity of each credit	PART 5. REPORTABLE LIAB ecured loans of \$3,000 or more that you re tor. Do not list loans from a relative. If no	received during the reportin	ng period, and list the major
None	\$1250CFEET/000530020EEGAA. heensteedessaysteeteeteeteeteeteeteeteeteeteeteeteetee	Модильно-изи по при	
	and Address of Creditor	Pri	ncipal Type of Economic Activity of Creditor
Name: Address:		homorphodo 200,000	
	COMMISSIONAL MARKING AND	\$\tag{\text{minimates} \text{minimates}	en e
Name: Address:		MANAGEMENT AND THE STATE OF THE	•
	PART 6. REPORTABLE GI	iFTS .	
none check the box	ore than \$300. Include gifts with an aggre		300 from a single source. If
☐ None None of Source of			
Name of Source of 1.	f Gift 3.	Name of Source	of Gift
2.	4.	1977/1978/00000238/0000000262222222224004-solesherosolesherosolesheri kuranennamasi qarqayqasanayangayongoroxor	300000000000000000000000000000000000000

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PART 7. REPORT	ABLE HO	NOF	RARIA	
List the source of any honoraria accepted for appearances or speed	ches related	to y	our off	icial duties. If none, check the box.
None				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Source of Honoraria		# 250 (500 m) - 100 (100 m) - 100 (100 m) - 100 (100 m) - 100 (100 m)	N	ame of Source of Honoraria
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2.	4.	60000000000000000000000000000000000000	-CORDIA:SMAKeencoureure	HAT HE TO CHARGE STREET, & STREET STREET SHARK HAT HAT COLOUR ST. ST. STREET ST
PART 8. REPRESENTATION	BEFORE	Sī	ATE /	AGENCIES
List each executive branch agency before which you represented the box:	or assisted	othe	rs for	compensation of any amount. If none, check
None		**************	NENGELET (1881-1881)	
Name of Agency				Name of Agency
1.	3.			
2.	4.	***************************************	ire (ilinaer) e Sanone municu	
PART 9. BUSINESS W	ITH STAT	ΈA	GEN(	DIES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immedia	te fa	mily sc	old goods or services with a value in excess of
None	NOVINE A A Andrew Color announce in Committee quantity for	**************************************	ntrastry resemperation	0.00001636111111111111111111111111111111
Name of Agency				Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RÉCEIVED BY I	MEMBER:	S O	IMM	EDIATE FAMILY
List the type of economic activity representing each source of incomercial (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,0 d. Do not in	00 o ncluc	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	ved a	Cir appro leti	priate	Kind of Income
1. None	2	S	D	
2.		Ş	D	Season of the Control
3.	**************************************	s	D	PRINCE   Marie   Mar
4.		s	D	
SIGNA	TURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject 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 Comm	nissio / Ge	on con	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, ar	to file a red	quire ques	d state	and shall be precluded from voting on any

Signature

(1 M.R.S.A. § 1019)

27 <u>777 N 09</u> Date

NAME:	ME: DATE:					
ADDRESS:				and the second		
		ADDITIONAL INFORMATION				
information you a	any additional information are providing.	below (and on additional sheets if needed).	Indicate the part or section number for the			
Part/Section Number						
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