2008 Calendar Year



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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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 previo	usly filed statement for the calendar ye	ar 2008.	- :
	GISLATOR INFORMATION	But the second	
Name Dave Court		Member of:	
Mailing address 2 Passing LU City, zip code	er til en er eller eine hannetilden. De hanne gewanne for der skammen de 1900 er en en en en en en en en en en De la skammen er en	District / / /	Senate Service of the service of th
Lishon talls	Ne 04252	353-50	469
PART 1. INCOME DE	RIVED FROM EMPLOYMENT BY AN	OTHER	7 3
List the name and address of each employer finding type of economic activity of each employer finding type.	tom when	n of \$1,000 or mor	e. Specify the
Name of Employer	Address	Principal Type	of Economic
State of Maine	و مور المنافقة	House	was a waterway and a
Town of Lisban 3	bon De 01/250	Aunici p	alities
		· · · · · · · · · · · · · · · · · · ·	
11 VI MITH	DERIVED FROM SELF-EMPLOYMENT slators who are self-employed.)		To a
A. List the name and address of your business derived income. If associated with a partnership, areas of economic activity of that entity.		conomic activity fro lar business entity,	om which you list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas o Activ (partnership, assoc	ity clation or similar
Name: Crofts Self Storage Address: 7 Ceviter Park Pr.	Topsham ¿Lisbon	Self	entity)
Name:	المريق من فاطلق بيون المحمول المراوي التي المحمول في المنطقة المحمول المراوي المحمول المحمول المستقدات المستقدات 	\$10.	Cax 6

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLI (For Legislators who are self-employed.)	the state of the s
B. List each source of income derived from self-employment that represents more than 10% of you is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the the entity or person from whom the income was derived.	our gross income or \$1,000, whichever ou derived such income. If this form of principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who
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Address:	والمراجع المستقد المست
Name:	
Address:	:
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of yo	our firm.
Name and Address of Firm Major Areas of Pr (self)	ractice Major Areas of Practice
Name:	(firm)
Address:	V V V V V V V V V V V V V V V V V V V
Name:	ment to get the control of the contr
Address:	
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	
None	de gifts. If none, check the box.
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Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	engeneral in the second of a second of the first of the second of the se
Address:	
Name:	and the second of the second o
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any unsecured loans of \$3,000 or more that you received the interest of the control of the con	e reporting period and list the major
The box is a second of the box is a second of the box.	reporting period, and usume major
LI None	
Name and Address of Creditor	Principal Type of Economic
Name:	Activity of Creditor
Address:	
Notice to the control of the control	The second section of the second section section section sections and the second section secti
Name: Address	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	e than \$300 from a single source. If
None	and the second s
Name of Source of Gift Name of 3.	Source of Gift
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PART 7. REPORTABL	E HON	ODAR	10
List the source of any honoraria accepted for appearances or speeches	related t	OKAR	official duties 15
None	more than more of	- your t	mices duties. If none, check the box.
Name of Source of Honoraria	s - 'e yez	Commission of Angelor	Name of Source of Honoraria
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PART 8. REPRESENTATION BEI	ORE S	TATE	AGENCIES
List each executive branch agency before which you represented or assitte box.	sisted of	ners for	compensation of any amount. If none, chec
None	ميسدين ديد	and, services of all angulars,	and the second of the second o
Name of Agency	64 - 75 - 144 - 144 - 1	0 Januar .	Name of Agency
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PART 9. BUSINESS WITH S	STATE	AGEN	CIES
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.	nediate f	amily so	old goods or services with a value in excess of
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Name of Agency	سب رو – رہ ست ۵۰۰۰ وور نی زری عصد عصر	alreine Samuel	Name of Agency
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PART 10. INCOME RECEIVED BY MEME ist the type of economic activity representing each source of income of ren) during the reporting period and the kind of income represented. Do D' for income received by dependents.	•		
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Type of Economic Activity Representing Source of Income Received	appro	ircle opriate itter	Kind of Income
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Legislator who willfully fails to file a required statement is subject to M.R.S.A. § 1017-A)	la nne	D1 \$10	per business day until the report is filed.
ie intentional filing of a false statement is a Class E crime. If the Co Ilfully filed a false statement, it shall refer its findings of fact to the Attor	mmissio	on cond	cludes that it appears that a Legislator has
C/		100000000000000000000000000000000000000	
the Commission determines that a Legislator has willfully failed to file at Legislator shall be presumed to have a conflict of interest on every estion in committee or in either branch of the Legislature, and shall M.R.S.A. § 1019)	require ry ques	d state stion ar	ment or has willfully filed a false statement, nd shall be precluded from voting on any
W.R.S.A. § 1019)	i iiot at i	tempt t	o initioence the outcome of any question.
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ADDITIONAL INFORMATION												
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Part/Section Number		r manne melanisti disti de		e men er sæs	. ,,	na green mage des	erinne mige mengleyny fynghyd - Luu	is success terrorizely become acre	A PERSONAL SECTION AND SECULIAR SECULIA		n en est e	
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PART 3. MAJOR AREAS OF PRACTICE

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

For purposes of this section, "major" is defined to mean any area of practice from which the individual and/or the partnership derived income of more than 20 percent in the aggregate during the preceding year. See example below.

Name and Address of Firm

Major Areas of Practice (self)

Major Areas of Practice

(firm)

Smith & Jones, 28 Hollywood Drive, Raymond, Maine

Probate/Wills

Workers' Compensation, Personal Injury and Probate/Wills

PART 4. OTHER SOURCES OF INCOME

Do not list sources of income in this part that were listed in Parts 1, 2, and 3 of this form. "Income" means economic gain to a person from any source, including, but not limited to:

- rents and rovalties
- gains derived from property transactions
- income from discharge of indebtedness
- income from life insurance and endowment contracts
- income from an interest in an estate or trust.
- pensions
- income from investments including interest, capital gains, and dividends
- annuities
- distributive share of partnership income
- prizes and grants.

In-kind income includes, but is not limited to, the transfer of property and options to buy or lease, and stock certificates.

Income does not include gift or alimony and separate maintenance payments.

See example below.

Name of Source

Address

Kind of Income (investment, lease, etc.)

☐ None

Union Life Insurance Co.

One Copley Plaza, Boston, MA

Annuity

Peoples Mutual Funds

Global Investment LLC, 40 Main Street, Bangor, ME

Investment

PART 5. REPORTABLE LIABILITIES

This section is used to report and update any reportable liability. Please remember that the law requires that these liabilities be reported to the Commission within 30 days of their occurrence. Do not list amounts owed. Do not list loans from a relative. "Relative" means an individual who is related to the Legislator or the Legislator's spouse as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, and shall be deemed to include the fiancé or fiancée of the Legislator.

"Reportable liability" does not include a credit card liability; an educational loan made or guaranteed by a governmental entity, educational institution, or nonprofit organization; or a loan made from a state or federally regulated financial institution for business purposes.

PART 6. REPORTABLE GIFTS

A gift is defined as anything of value, including forgiveness of an obligation or debt, given to a person without that person providing equal or greater consideration to the giver. "Gift" does not include:

- gifts received from a single source during the reporting period with an aggregate value of \$300 or less;
- bequest or other form of inheritance;
- gift received from a relative; and
- subscription to a newspaper, news magazine, or other news publication.

PART 7. REPORTABLE HONORARIA

"Honorarium" means a payment of money or anything with a monetary resale value to you for an appearance or a speech by you as a Legislator. Honorarium does not include reimbursement for actual and necessary travel expenses for an appearance or speech, or payment for an appearance or a speech that is unrelated to your official capacity or duties as a member of the Legislature.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

Identify each state agency or authority before which you appeared for, represented, or assisted another in a matter before that state agency or authority, and indicate any compensation received.

PART 9. BUSINESS WITH STATE AGENCIES

"Immediate family" means a Legislator's spouse or dependent child(ren).

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

Names and addresses of sources of income need not be listed in this section. List only the type of economic activity representing each source of income derived by your spouse or dependent child(ren) and the kind of income represented. For the purposes of this statement, a dependent child is one for whom an exemption is claimed when filing a Federal income tax return. Refer to Part 4 of instructions for a partial listing of sources of income. See example below.

Type of Economic Activity Representing Source of Income Received	;		appropriati letter	•		Kind of Income	
1. Education (teacher)		(S)	D		Employment	and the second s	at the last topological program that the control of
2. Insurance	- 2. 4/13	<u>S</u>	C	1	Dividends		