

Office: 242 State Street, Augusta, Maine



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## 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:				
12 can A Croy		☐ House ☐ Senate				
Mailing address		District				
PO Box 3	TXXXQQXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
City, zip code	•	Phone				
Palmyn M. O491	938-2006					
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER				
List the name and address of each employ principal type of economic activity of each e	yer from whom you received compensation of mployer.	of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
State of Maine	Augusta	Gov-				
SAD 48	Wewport	Education				
	The state of the s					
	COME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	I				
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major areas of ecership, firm, professional association, or similar	conomic activity from which you ar business entity, list the major				
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Cray's Produce	Farmer	mengenerat tit til station stormt och have have er med de en stort til stort bellev med er et er egge programmin som effektive				
Name: DYD Post Office 1	Lease	Post office.				
- Jain, ra		<u> </u>				

PART 2 (continued). INCOME DE (For Legislators where the continued).	RIVED FROM SELF-EMPLOYMENT to are self-employed.)
is greater, and specify the principal type of economic activity of the	epresents more than 10% of your gross income or \$1,000, whichevel entity or person from whom you derived such income. If this form o essional ethics, specify only the principal type of economic activity or
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	. AND EMPLOYMENT
The state of the s	REAS OF PRACTICE
(For Legislators who a List your major areas of practice. If associated with a law firm, list	re attorneys-at-law only.) the major areas of practice of your firm
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	141.20
Name:	
Address:	- CASE CONTRACTOR OF THE CASE
PART 4. OTHER SO	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. If none, check the box.
□ None	The second secon
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	(investileins, leases, etc.)
Address:	
None -	
Name: Address:	
	ABLE LIABILITIES
	nore that you received during the reporting period, and list the major
☑ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	en in en
Address:	
Name:	
Address:	
PART 6. REPO	RTABLE GIFTS
none, check the box	with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift  1.	Name of Source of Gift 3.
2.	4.

PART 7. REPORT	Address of the second s			
List the source of any honoraria accepted for appearances or speed	ches relate	ed to yo	our offi	icial duties. If none, check the box.
None Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.			
2.	4.	alline-ser emergiyy- , ,	\$20-0, <b>00000000</b>	1989年、東京の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
PART 8. REPRESENTATION				
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	Mellehleaden		······································	Notices and additional and an experimental control of the control
Name of Agency			Personal Property Control	Name of Agency
	3.	vilianus sando al mono	- Painthirth de draite de cou	
2.	4.			
PART 9. BUSINESS W	VITH ST/	ATE A	GENC	2ES
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	iate far	nily so	ld goods or services with a value in excess of
DiNone			widerakaltestassassassassassassassassassassassassas	kalamandara dan 1800 (non-palahitan dan dan dan dan dan dan dan dan dan d
Name of Agency	Programme College		Control Control	Name of Agency
	3.	#Millifewolulinewewanenageg	меновожновой составлят.	
2.	4.			
PART 10. INCOME RECEIVED BY				
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, ad. Do not	,000 or t includ	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	Circ approp lette	priate	Kind of Income
1. Acadra health cave Mental No	Allos	Ø	D	employment
2.	With the same of t	S	D	
3.		S	D	The second secon
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	) 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	ımissio	on conc	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, as (1 M.R.S.A. § 1019)	l to file a re	required	d state stion a	and shall be precluded from voting on any
lely has	,			1/15/09
√ Signature /				Date

NAME:	DATE:											
ADDRESS:	AZ5000000	and the second s	Adağlarının veriginiyye	1999/9773 MMSE John Michigan en John Construence I communication (Construence I communication (Construe	management designed designated (1986) WFC	POTEN EESTAMINARIAANAANAANAANAANAANAANAANAANAANAANAANAAN		ginnoon oo analana ee o annao o ee ee aga ga	ntidoleoneristadoleoneristado <mark>Milli</mark> terado en espagago y g	TOTAL CONTRACTOR AND	**************************************	enamenty////ilide/accumanty/
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part of	or section	number	for the
Part/Section Number												
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