Office: 242 State Street, Augusta, Maine



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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 Jarrod S. Crockett Mailing address 439 East Bethel Rd.	Member of: ☑ House ☐ Senate District			
439 East Bethel Rd.	# 91			
City, zip code Bethel, ME 04217	Phone 207-875-5075			
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER				
List the name and address of each employer from whom you received compensation of principal type of economic activity of each employer.	of \$1,000 or more. Specify the			
Name of Employer Address	Principal Type of Economic Activity of Employer			
Maine Frong North Grand Augusta, MF 04330	Covernment-Planning			
	•			
PART 2. INCOME DERIVED FROM SELF-EMPLOYMEN (For Legislators who are self-employed.)				
A. List the name and address of your business, if any, and list the major areas of ecderived income. If associated with a partnership, firm, professional association, or similar areas of economic activity of that entity.	onomic 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: Hantey and HSSOCI Address: 43 Main St., So. Pavis, MF. ourg				
Name: Address:	The state of the s			

PART 2 (continued). INCOME DEI (For Legislators who			MENT	
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 profethe entity or person from whom the income was derived.	epresents mo	ore than 10% of your	erived such	income. If this form of
Name and Address of Source	PPOPER CONTRACT SERVICE SERVICES SERVICES		Activity of	I Type of Economic Entity or Person Who ource of the Income
Name:				
Address:	ENTRAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT		eritinensilitärentiinaanaassa suusuu	MANAGEMENT AND
Name:	, in the second			
Address:		X E		
PART 3. MAJOR AI				
(For Legislators who ar List your major areas of practice. If associated with a law firm, list the			firm	
Name and Address of Firm		Major Areas of Prac (self)	*************************	ajor Areas of Practice (firm)
Name:	1 v v v e e m 260 250 c e e e e e e e e e e e e e e e e e e		an we work the	
Address:	***************************************			
Name:			1944	
Address:	Whatallyour	•	119454H1444	
PART 4. OTHER SC	OURCES O	FINCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this	form. Do not include	gifts. If non	e, check the box.
None				, · · · · · · · · · · · · · · · · · · ·
Name and Address of Source				nd of Income nents, leases, etc.)
Name: Brian and Tina Moore Address: Little Protex Rd., Grandy	(2)	no administrativa	Sout	•
Address: Little Prater Rd., Grandy	,VA	24142		, , , , , , , , , , , , , , , , , , ,
Name:		***************************************		ą ·
Address:	-			-
PART 5. REPORT	Charles in the property of the control of the contr			
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 relative. If n	received during the one, check the box	reporting pe	riod, and list the major
☑ None		alan manakannan kuninan akumah mahimin kulimin kuning kanaka dari kulimin melempira.	ang minimum di sang mangging di pangging di sang sa	
Name and Address of Creditor				Type of Economic vity of Creditor
Name:	e remember er men kuntus er restert vez ellet kie.		eur vou au troume te deur Toerdon (de California) de Arabil am	terminin Para kalamit in ini manaka mta ang teri ang ti tatat na palambat sa mana bahababa
Address:				
Name:	00000000000000000000000000000000000000			et 27 in 2000 All Ballotte Anniel der Antiel All Antiere er
Address:				
PART 6. REPO	RTABLE G	iers .		
List the specific source of each gift of more than \$300. Include gifts none, check the box		Tales (1997) in the constraint of the constraint of the constant of the consta	than \$300 fr	om a single source. If
None			- '5'	
Name of Source of Gift 1.	3.	Name of S	ource of Gif	
2.	4.			.** MACCHINE MENER PROTOCOLONI PROTOCOLONI PROTOCOLONI PROTOCOLONI COLONI COLON

PART 7. REPORTA	ABLE H	IONOI	RARIA	
List the source of any honoraria accepted for appearances or speed	ches relat	ted to y	our off	cial duties. If none, check the box.
None				
Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.	andhouse dolors a por copuy-	Sandar Salan da Sandar	
2.	4.			
PART 8. REPRESENTATION			The State of	
List each executive branch agency before which you represented of the box.	or assiste	ed othe	rs for e	compensation of any amount. If none, check
None	······································	CONTRACTOR STATEMENT	······································	u Hotelli (Balline) och
Name of Agency				Name of Agency
1.	3.			
2.	4.		ere kalender er eine auf er ein	
PART 9. BUSINESS W	/ITH ST/	ATE A	GENC	IES
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 immed	liate fa	nily so	ld goods or services with a value in excess of
None	orenite dance of the control of the	W. W. Salah W. Salah	Anglindin (Anglindin (COMPANIENT CONTRACTOR
Name of Agency		A CONTRACTOR OF THE CONTRACTOR	The second secon	Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY	And the second		Note the last of t	
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1 d. Do no	,000 o t 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 Receiv	ved	Cin appro lett	oriate	Kind of Income
1. Missionary - US Field Director		(9)	D	employ ment
2.	and the same of th	s	D	
3.		S	D	ABOVE BEREION PErsonal see GRANT Bers and concentration of the Control of the Con
4.		S	D	
SIGNA	TURE			
A Legislator who willfully fails to file a required statement is sult (1 M.R.S.A. § 1017-A)	bject 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	the Com	nmissio	n con	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

NAME:	DATE:				
ADDRESS:					
	ADDITIONAL INFORMATION				
Please provide information you	my additional information below (and on additional sheets if needed). Indicate the part or section number for the re providing.				
Part/Section Number					
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St. American Control					
Sapor-Valence and Maria					
SS Spirit J Lice Spirit Library Comments of the Comments of th	and the second of the second o				