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.

	CIST ATOR INFORMATION	
<b>LE</b>	GISLATOR INFORMATION	
Name		Member of:
Patsy Crocke		∯ House ☐ Senate
Mailing address  14 Smith		District 57
City, zip code	Profession - 4 - 1000 000 000 000 000 000 000 000 000	Phono
Augusta	04330	207-623-3641
PART 1. INCOME DE	RIVED FROM EMPLOYMENT BY AND	THER
List the name and address of each employer from principal type of economic activity of each employer.	rom whom you received compensation yer.	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 ugusta, Me 04333	Legislator
	- CAME - Filtres - A seed to complete the production of contraction of contractions of contrac	
	388-44-08-08-08-08-08-08-08-08-08-08-08-08-08-	
	E DERIVED FROM SELF-EMPLOYMEN pislators who are self-employed.)	T
A. List the name and address of your business derived income. If associated with a partnership areas of economic activity of that entity.	s, if any, and list the major areas of e	conomic activity from which you ar business entity, list the majo
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:	11/4	er sammen av sammen vententik kolonin kolonin kolonin kolonin er en
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		-

	PART 2 (continued). INCOME I	DERIVED FROM SI who are self-employed.)	ELF-EMPLOYMEN	T		
disclosure is prohi	rce of income derived from self-employment that becify the principal type of economic activity of the principal type of principal type of the principal type	at represents more that	an 10% of your gross i	t such income. If this form of		
	Name and Address of Source	Activ	rincipal Type of Economic vity of Entity or Person Who the Source of the Income			
Name: Address:	NA		Westerstein Aufter Month	of Associated Peter Security Control of the Security C		
Name: Address:		Statistical Andrews of the High Statistics of the Statis of the Statistics of the Statistics of the Statistics of the St	TESTA NATIONAL MARKATANA	Therefore the second se		
	(For Legislators who	AREAS OF PRAC o are attorneys-at-law on	niy.)			
List your major are	eas of practice. If associated with a law firm, lis	st the major areas of p	practice of your firm.			
	Name and Address of Firm	Majo	or Areas of Practice (self)	Major Areas of Practice		
Name:	NA		(SCII)	(firm)		
Name: Address:			• ************************************	eti.		
	PART 4: OTHER	SOURCES OF INC	OME			
List each source of	of income of \$1,000 or more not listed in Parts 1			If none, check the box.		
D None	,	All Construction and the construction of the C	- Salas es a como esta esta esta esta esta esta esta esta	and the second of the second o		
	Name and Address of Source			Kind of Income		
Major m			Annual Control of Cont	nvestments, leases, etc.)		
-	N HANCOCK FINAN		o inconstant	ension		
	Berkley St. Boston	MASS				
Name: 50017 Address:	Al Security	. See the defendance of the see that the see	Pension			
		RTABLE LIABILITII				
List the names of careas of economic	creditors for any <u>unsecured</u> loans of \$3,000 or activity of each creditor. Do not list loans from	more that you receive a relative. If none, c	/ed during the reportir	ng period, and list the major		
None	POTECTION OF THE PROPERTY OF T	остологогогогого-464-ну ченеричартно, енблакогогогогогогогогогогоризменирания в наго-	SSECTION AND ARTHUR AREA OF THE SECTION OF THE SECTION AND AREA OF THE SECTION OF T	##**PERMITTON TO THE TO COMMITTEE AND A THE PROPERTY OF THE TOTAL COMMITTEE AND A THE PROPERTY OF THE PROPERTY		
	Name and Address of Creditor		Pri	ncipal Type of Economic Activity of Creditor		
Name:	M.		Trys Electrical	•		
Address:	MA		2000 Market 100 Market			
Name:			haade per annu ng Per pagang paga	APPARENTAL AND THE STATE OF THE		
Address:						
		PORTABLE GIFTS				
none, check the box		fts with an aggregate	value of more than \$3	300 from a single source. If		
None	NA	and the second control of the state of the control of the second c				
1.	Name of Source of Gift	3.	Name of Source of	of Gift		
2.	vanamenten suuraa ja kan muutussa suuraan vasta saavan varan suuraa suuraan suuraa suuraa suuraa suuraa suuraa	4.	overpromotestical control where we were promoted and control c	10/LCC And are the transmission of the control of t		

	PART 7. REPORTA	ABLE HONOR	ARIA	
List the source of any honoraria accepte	d for appearances or speed	ches related to yo	ur offic	cial duties. If none, check the box.
None		and the second of the second o		
Name of Source of Ho	moraria		Na	ime of Source of Honoraria
1.	No	3.		
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PART	8. REPRESENTATION	I BEFORE STA	TEA	GENCIES
List each executive branch agency before the box.	re which you represented of	or assisted other	s for c	ompensation of any amount. If none, check
None	MA		SAMMAN AND STREET	
Name of Agenc	variante de la companya de la compa			Name of Agency
1.	- The second sec	<b>3.</b>		THE CONTRACT OF THE CONTRACT O
2.		4.	664MA-mentera de marca con	
	PART 9. BUSINESS W	ITH STATE AG	ENC	IES
List each executive branch agency to wh \$1,000 during the reporting period. If no	nich you or a member of you ne, check the box.	ur immediate fam	ily sol	d goods or services with a value in excess of
None None	n mangan manggapan manggapan panggapan panggapan panggapan panggapan panggapan panggapan panggapan panggapan p	n der	MANAGER PARTIES AND A	
Name of Agenc				Name of Agency
1.	VIII-	3.		
2.		4.		TO THE PROPERTY CONTROL AND
PART 10. IN	ICOME RECEIVED BY I	WEMBERS OF	IMME	DIATE FAMILY
List the type of economic activity repres (ren) during the reporting period and the "D" for income received by dependents.	enting each source of incor kind of income represented	me of \$1,000 or i. Do not include	more i	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representi	ng Source of Income Recei	Circk ved appropr letter	iate	Kind of Income
1. U.S. POSTAL S	refuice	(s)	D	Pension
2. C:TY OF Augusta		(s)	D	Pension
3. MAINE STATE	Legis lature	/ S/	D	Pension
4. Kennebec Count Kennebec Coan	Y GOVERNMENT TY THE ASUFE	s (S)	D	SALARY
	SIGNA			
A Legislator who willfully fails to file a (1 M.R.S.A. § 1017-A)	required statement is sul	bject to a fine o	f \$10	per business day until the report is filed.
The intentional filing of a false stateme willfully filed a false statement, it shall re	nt is a Class E crime. If	the Commission	conc	ludes 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

Date

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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 or	section	number	for the
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