Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

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 pre	eviously filed statement for the calendar year	2008.			
	LEGISLATOR INFORMATION				
Name Stay Dostle		Member of: ☐ House ☐ Senate			
Mailing address 674 SabaHus Rd,		District .			
Stay Dostle Mailing address 674 Sabattus Rd, City, zip code Sabattus, ME 0488	Phone 375-8809				
	E DERIVED FROM EMPLOYMENT BY AND	OTHER			
List the name and address of each employ principal type of economic activity of each er	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
		тем ден от выполнение на применение на			
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	ÚT			
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and list the major areas of e	conomic activity from which you lar 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: Design Matters Creative Address: 674 SabattwoRd, Sabattwo, 1	Service LLC graphic + web M£04280 design				
Name:	100 day 100 da	an en en er grunde gregoriet (en en e			

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOY no are self-employed.)	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 profested the entity or person from whom the income was derived.	epresents more than 10% of your	derived such income. If this form of rincipal type of economic activity of			
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: Design Matters Creative Sewice					
Name: Design Matters Creative Sewices Address: 674 Sabattus, Rd., Sabattus, Ms	€ 04280	graphic web			
Name:		1994 (1994) American de maior que desta rico con contra mandre de maior de commencia de competito del Computado de maior de desta com de competito de computado d			
Address:					
	REAS OF PRACTICE re attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list t		firm.			
Name and Address of Firm	Major Areas of Prac (self)	alphilisera processor and programme processor and a processor of the proce			
Name:		THE STATE OF THE S			
Address:	SC CALLETTER AND ASSESSMENT	Victory Adviction 14			
Name:	and control and the history of the state of	everymenteriorization con de Cartes de La America de La Am			
Address:	and state of the s	1444 - 1200 A. 1.			
PART 4. OTHER SC	OURCES 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	en de la companya de				
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name:	discher and control and contro				
Address:	MEN STANDARD AND ARTHUR AND ARTHUR AR				
Name:	4. Children				
Address:					
	ABLE LIABILITIES				
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	relative. If none, check the box	reporting period, and list the major			
☑ None		004#364WM####################################			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:	Yes				
Address:		Milled and a second			
Name:	14800400				
Address:					
	RTABLE GIFTS				
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	than \$300 from a single source. If			
None	tan kata di manana 1995an na manana maka kata da 1985 tahun kata ana di manana mahanda Ababa (1995). A Salah Januara mahanda				
Name of Source of Gift 1.	Name of S	ource of Gift			
2.	4.	1973 STOCK STALL With the reaching the Arm STALL PROTECTION OF CONTROL 2012 And State Arms and the special control con			

PART 7, REPOR	TABLE I	IONO	RARIA		
List the source of any honoraria accepted for appearances or spec	eches rela	ited to y	our of	ficial duties. If none, check the box.	
☐ None	W. W. S. and C.		es amont des militares fermand		
Name of Source of Honoraria			N	ame of Source of Honoraria	
1.	3.				
2.	4.		commission de la commis	## 4999################################	
PART 8. REPRESENTATIO	N BEFO	RE ST	ATE /	AGENCIES	
List each executive branch agency before which you represented the box.	l or assist	ed othe	ers for	compensation of any amount. If none, check	
None	***************************************		eramenyzoudusyssucsun	VIII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Name of Agency				Name of Agency	
1.	3.				
2.	4.				
PART 9. BUSINESS V	WITH ST	ATE A	GEN(CIES	
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	our immed	diate fa	mily sc	old goods or services with a value in excess of	
None	energi perindi terdirentali talinassa suuruunud	oon and the second an			
Name of Agency		00700000000000000000000000000000000000		Name of Agency	
1.	3.				
2.	4.				
PART 10. INCOME RECEIVED BY				병원 경기가 오늘 다른 가는 가는 그는 그는 그는 그는 그는 그를 하는 그는 물 그 사람들은 그는 그들은 그는 그들은 그는 그는 그를 다른 그는 그를 다른 그를 다른 것이다.	
List the type of economic activity representing each source of inc (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$7 ed. Do no	1,000 o ot includ	r more de gifts	received by your spouse or dependent child Circle "S" for income received by spouse or	
Type of Economic Activity Representing Source of Income Rece	eived	Cir appro leti	priate	Kind of Income	
1. Husband is a Senior Network Engineer OS+. Many's Hospital, Lewiston		<u>(S)</u>	D	employment	
2.	And the state of t	s	D	and the second s	
3.		S	D	The state of the s	
4.	ACCO YOUR WANTED AND	S	D		
SIGN	ATURE				
A Legislator who willfully fails to file a required statement is so (1 M.R.S.A. § 1017-A)	ubject to	a fine	of \$10	0 per business day until the report is filed.	
The intentional filing of a false statement is a Class E crime. It willfully filed a false statement, it shall refer its findings of fact to	If the Con the Attorr	nmissio	on con neral.	cludes that it appears that a Legislator has	

Signature

(1 M.R.S.A. § 1019)

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.

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Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if	needed).	Indicate th	e part or	section	number	for the
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