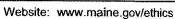
Office: 242 State Street, Augusta, Maine



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.

	LEGISLATOR INFORMATION	ON CONTRACTOR OF THE PROPERTY
Name //mormy Drisace		Member of: ☑ House ☐ Senate
Mailing address		District
City, zip code WESTBEOK 0409-	Phone 856-7014	
	ME DERIVED FROM EMPLOYI	
	oyer from whom you received	compensation of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
Mercy Hospital	Portland Main-	e Health Casa
State of Maine	Augustr	Legis Colore
	·	The state of the s
	COME DERIVED FROM SELF or Legislators who are self-emp	
A. List the name and address of your buderived income. If associated with a partnareas of economic activity of that entity.	usiness, if any, and list the ma ership, firm, professional asso	ujor areas of economic activity from which you ciation, or similar business entity, list the major
Name and Address of Business Entity	Major Areas of Ec (seli	
Name: Address:	Probabilistic in manager of memory of	

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYME o are self-employed.)	NT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	entity or person from whom you derive	ed such income. If this form of
Name and Address of Source	Ac	Principal Type of Economic tivity of Entity or Person Who s the Source of the Income
Name:		
Address:		•
Name:	on and an annual section of the sect	nterviewyd o diad ei Chelle (1865) 1865 (1865) 1865 (1865) 1865 (1865) 1865 (1865) 1865 (1865) 1865 (1865) 186 " " " " " " " " " " " " " " " " " " "
Address:		•
	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list t	re attorneys-at-law only.) he major areas of practice of your firm	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		A de la final d La final de la
Address:	C service .	1500 TANKS 150 T
Name:		ороссовой реголивального на настанование постоя по состоя и должно по постоя по постоя по постоя по постоя по п Постоя по постоя по по
Address:	ta • Andrews	V-11 KLERNINA IN
PART 4. OTHER SO	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		The state of the s
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		anterioritiitiitiitiitiika kanaa kanaa kanaa kanaa ka k
Address:	AN BELLEVOL ALL THE	
Name:	970.000 Mathematica - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	######################################
Address:	SCILLIDAN ARRIVA	
PART 5. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the repor	ting period, and list the major
None	AND THE REAL PROPERTY OF THE P	
Name and Address of Creditor	F	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPO	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	THE STATE OF THE S	
Name of Source of Gift 1.	Name of Sourc 3.	e of Gift
2.	4,	MCANABAHAN MENUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNUNU

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PART 7. REPORT	ABLE HONG	)RARI/				
List the source of any honoraria accepted for appearances or speed						
☐ None	alternative and a second s					
Name of Source of Honoraria		N.	lame of Source of Honoraria			
1.	3.					
2.	4.					
PART 8. REPRESENTATION	BEFORE S	TATE	AGENCIES			
List each executive branch agency before which you represented the box.	or assisted ot	ners for	compensation of any amount. If none, check			
None						
Name of Agency			Name of Agency			
<b>1.</b>	3.					
2.	4.					
PART 9. BUSINESS W	ITH STATE	AGEN	CIES			
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immediate i	amily so	old goods or services with a value in excess of			
None	eranne de riber mainmail en accidio cassion un mainm	umundany igadankerakumay epijiji				
Name of Agency			Name of Agency			
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBERS (	)F IMN	EDIATE FAMILY			
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.	me of \$1,000	or more	e received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Recei	ved app	ircle opriate etter	Kind of Income			
1.	S	D				
2.	S	D	annun Hillin in Anton in midd medd na barros i karlin karannon annun annun annun annun annun annun annun annun			
3.	S	D	annan managan subalikah kerangan sereman salam 1865 di Bilikh beng-asar serema 1867 (1966) di kebuah serema se			
4.	S	D				
SIGNA						
	partings against the S. S. S. S.		O non husings described			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ioject to a fin	е от \$1	o 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 Commiss	ion cor	ncludes that it appears that a Legislator has			
f 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)	to file a requi	red stat	and shall be precluded from voting on any			
( F ( )			1-15-09			
Signature			Date			

NAME:	TINGSHY E.	Daiscock	NY TREE PLEASANNING MANAGEMBER STATES		ETTET ET ET ET et vidente kont kinne kont kinnenne	DATE:	1-15-09	**************************************	n med frankligt er er ett ett med med statet til til de kommen er ett ett ett med statet som ett ett ett ett m
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ADDITIONAL INFORMATION									
Please provio	de any additional ou are providing.	information below	(and on	additional	sheets	if needed).	Indicate the part of	r section	number for the
Part/Section Number		THE CONTROL OF THE CO							
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