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.

	LEGISLA	ATOR INFORMATION			
Name JANE E. EBERL	T-			Member of:	☐ Senate
Mailing address	District				
187 PILGRIM RO.	A PA LIVERED AND A REAL PROPERTY AND A REAL PR	123			
City, zip code 5 . PORTLAND; P	Phone 201/776	9-3783			
PART1, INCOI	NE DERIVE	D FROM EMPLOYME	NT BY ANOT	HER	
List the name and address of each emplo principal type of economic activity of each o	oyer from w employer.	/hom you received co	mpensation o	f \$1,000 or more	e. Specify the
Name of Employer		Address		Principal Type Activity of	
SOUTH PURTLAND	120	WESCOTT PL	7.	BUSINESS	PARTNE
SUHOOL DEPARTMENT	5. R	CRAND, ME	04106	PIRECA	_
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A. List the name and address of your buderived income. If associated with a partrareas of economic activity of that entity.	usiness, if a nership, firm	ny, and list the majo , professional associa	r areas of ecc tion, or simila	onomic activity for r business entity	om which yo
Name and Address of Business Entit		Major Areas of Econ (self)	omic Activity	Major Åreas Acti (partnership, asso busines	vity ociation or simil
Name:	£			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e ann an the course the Committee of the Course of Course and Course and Course of Cou
Address:	-A1//	4	inebleeklikkuldidaduleuvenamiyyyystärväyttörsästöttössöttössöttös	2000/00/2005/2555 Aurilydoloensamanaa varunsaarensaannaa naansamagaya sayyyyyyyyyy	MINTERPOLITION CONTINUES AND ADMINISTRATION OF THE PROPERTY OF
Name:	10/1	- The second sec			

PART 2 (continued)). INCOME DERIVED FR (For Legislators who are self-em	ROM SELF-EMPLOYMEN	П
B. List each source of income derived from self-en is greater, and specify the principal type of econom disclosure is prohibited by law, rule, or an establish the entity or person from whom the income was de	mployment that represents name activity of the entity or pe	more than 10% of your gross	d cuch income. If this fame at
Name and Addr	ess of Source	Acti	Principal Type of Economic ivity of Entity or Person Who is the Source of the Income
Name:	en der	A CANADA A SA A A A A A A A A A A A A A A A A	
Address:	1/4		
Name:	Proof property and the second		$0 described a deligible \frac{1}{2} df_2^2 df_3^2 df$
Address:			
PART (For	T 3. MAJOR AREAS OF Legislators who are attorneys-a	PRACTICE (CONTROLL)	
List your major areas of practice. If associated with	n a law firm, list the major ar	reas of practice of your firm.	
Name and Address of Firm		Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		tandinininko en seri en artiko kontrologia estatuaria. Antiko kontrologia esta kantiliste erreken es	231117
Address:	NA		Average and the second
Name:	Advances recognization of control of faces of the control of the c	PRECEDENTIAL MATERIAL PROPERTY OF THE PROPERTY	
Address:	an statistics		errenta de la composito de la
	4. OTHER SOURCES O		
List each source of income of \$1,000 or more not list	sted in Parts 1, 2, or 3 of this	s form. Do not include gifts.	If none, check the box.
None			
Name and Addre	ss of Source		Kind of Income nvestments, leases, etc.)
Name:		S A MARINE	Amount to the state of the stat
Address:			
Name:		100 m	NOTOSO CONTROL
Address:			
	RT 5. REPORTABLE LIA		
List the names of creditors for any <u>unsecured</u> loans areas of economic activity of each creditor. Do not I	s of \$3,000 or more that you list loans from a relative. If	received during the reportion to the check the box	ng period, and list the major
None	1970/000 KOO KADAMA AMARAN AND TO STORM AND AND TO STORM AND THE STORM A	Advances provided to Co. Edited delichen unger egent sode Co.	OBSCIENTATION OF THE PROTECTION COMMAND AND AND AND AND AND AND AND AND AND
Name and Addres	ss of Creditor	Pr	incipal Type of Economic Activity of Creditor
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Address:		ench di seperando	
Name:	AN ARMININA NO CONTRACTOR CONTRAC		
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	ART 6. REPORTABLE G		
List the specific source of each gift of more than \$30 none, check the box			300 from a single source. If
List the specific source of each gift of more than \$30			300 from a single source. If
List the specific source of each gift of more than \$30 none, check the box			

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PART 7. REPORT List the source of any honoraria accepted for appearances or spee				
	CHES TER	ateu to	your or	inclai duties. Il none, check the box.
None				
Name of Source of Honoraria	in pransancialisti sa		N	lame of Source of Honoraria
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2.	4.	3.599000000 £(1925466 we	mareaur (westelliste)	R (1) 26-30024 AL 1-99-systems (1990)
PART 8: REPRESENTATIO	N BEFC	RE ST	TATE	AGENCIES
List each executive branch agency before which you represented the box.				
Ì☑ None			***************************************	от туру түйлэгээ байгаан ан айсаг түүлтэг түүлтэг түйлэг түйл түйл түйл түйл түүл түйл түүл түйл түй
Name of Agency	Mada an	51131315		Name of Agency
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	3.	570-00-1-10-10-10-10-10-10-10-10-10-10-10-		
2.	4.			
PART 9. BUSINESS V	VITH ST	ATE /	AGEN	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 imme	diate fa	mily so	old goods or services with a value in excess of
None	***************************************	uraisiin ika sireesaan ee		та в в поставления на под на под на под на под под под в в под под в в под на под на под на под на под на под под на под
Name of Agency	CM, CD-71, NCS 25, No., January	Charter av Avas and Aver-	CONTROL TABLE	Name of Agency
1.	3.	rene in station and as-is-a	um trakening og geg	
2.	4.	115019310TECCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	didwawane a energygygg	589 500 688 687 653 844 4 11 14 14 14 14 14 14 14 14 14 14 14
PART 10. INCOME RECEIVED BY	MEMBI	ERS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$	1.000 d	or more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Rece	eived	appro	rcle opriate iter	Kind of Income
1. HEALTH CARE (PHYSICAL THERAPIST))	(s)	D	INCOME
2. RETAIL (CLERY) SECURITY (GUARD)		S	(INCOME
3.		S	D	
4.	**************************************	S	D	
SIGN	ATURE			
A Legislator who willfully fails to file a required statement is si	uhiect to	a fina	of ¢4	A par husinose day until the accept in the
(1 M.R.S.A. § 1017-A)	appool it	, a 11116	' ויקיו	о рег визнеза иду инигине герол is filed.
The intentional filing of a false statement is a Class E crime.	f the Co	mmissi	on 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)

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