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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 pre	viously filed statement for the o	calendar year 2008.					
	LEGISLATOR INFORMATIO	N					
Name Mark Eves		Member of:	☐ Senate				
Mailing address 78 A Md; Son St	District 146	ette ett ett ett ett ett ett ett ett et					
City, zip code North Berwick	, 03906	Phone 207-676-18					
PART 1. INCOME	E DERIVED FROM EMPLOYM	ENT BY ANOTHER					
List the name and address of each employ principal type of economic activity of each en	er from whom you received comployer.	ompensation of \$1,000 or mo	re. Specify the				
Name of Employer	Address		Principal Type of Economic Activity of Employer				
Sweetser	50 Moody St. S	DOCO, ME Clinical &) parv: Sor				
	/	The Additional Control of the Contro					
-	normal mental per control of the description of the	од от	00000000000000000000000000000000000000				
	OME DERIVED FROM SELF-E						
A. List the name and address of your busi derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the majorship, firm, professional associ	or areas of economic activity ation, or similar business entit	from which you y, list the major				
Name and Address of Business Entity	Major Areas of Eco (self)	nomic Activity Ac (partnership, as	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address:		remerenen en 1995 (1995) Erste kommenten menten medigen sit dikkan kanali den annian over 🕏 1993 ya. n 🕏 💆 (2005) -	na romandonede de m ilitar de la colo nia de la colonia de				
Name: Address:		ORTHOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOGOG	MONICULATOR Bellevia de como como por proprio proprio de la como de la granda de la como dela como de la como dela como d				

PART 2 (continued). INCOME DE (For Legislators wi	ERIVED FROM SELF-EMPLO ho are self-employed.)	YMENT
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prothe entity or person from whom the income was derived.	represents more than 10% of your	derived such income. If this form of principal 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: .	The state of the second content of the second secon	The Mark Mark and the Mark and the Mark and the Mark and the Mark Andrews and the Mark and the Mark Andrews and th
Address:		AN CAMPANA CAMPANA
Name:		
Äddress:		
And the second s	REAS OF PRACTICE are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list		r firm.
Name and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:	177.	
Address:	(Chillian Annaigh	-
Name:	PROPERTY TO TO TO THE TOTAL CONTROL OF THE	топесноствоможностью в «меняний» ———ненициа развити техностью в сельный ненициального в периодения в ненициального в ненициал
Address:	Account of the first of the fir	A Company of the Comp
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1,	2, or 3 of this form. Do not include	e gifts. If none, check the box.
None	gan a sa an 1900 (1914) di di an ann ann ann ann ann ann an an an an	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address: 78B Madisan St North Baru	2K,ME 03906	Kental Income
Name:	P	-BANA MENTAL AND
Address:		,
PART 5. REPORT List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	TABLE LIABILITIES nore that you received during the	reporting period, and list the major
□ None	TIGIO, OHOON UIC COA.	$^{-480}$ $^{-4$
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Vortheast Credit Union	t et erstert kinnig eindetste en en en en en en er til et el varamet kommunen och en anne mod en eg en statt g	
Address: Po 30x 1240 Portsmouth, NH 03502	Car bon	
Name:	ika-ara-ara-ara-ara-ara-ara-ara-ara-ara-a	**************************************
Address:		
	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more	than \$300 from a single source. If
None		and the state of the
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	A	\$2000000000000000000000000000000000000

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PART 7. REPORT.		a produce a secretar of action and action					
List the source of any honoraria accepted for appearances or speed	ches related t	o your o	fficial duties. If none, check the box.				
None							
Name of Source of Honoraria			Name of Source of Honoraria				
	3.	ospecifementenio-Tis. SNAMMINENERIC	70 YM 7000000000000000000000000000000000				
2.	4.						
PART 8. REPRESENTATION	BEFORE	STATE	AGENCIES				
List each executive branch agency before which you represented the box.	or assisted o	thers for	compensation of any amount. If none, check				
None							
Name of Agency			Name of Agency				
1.	3 .						
2.	4.		од на при на принципания на при				
PART 9. BUSINESS W	/ITH STATE	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.	ur immediate	family s	old goods or services with a value in excess of				
None							
Name of Agency		nd And Elevera Andronograph Property of the	Name of Agency				
1.	3.						
2.	4.						
PART 10. INCOME RECEIVED BY	MEMBERS	OF IMA	MEDIATE 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 d. Do not inc	or mor lude gift	e received by your spouse or dependent child s. Circle "S" for income received by spouse or				
Type of Economic Activity Representing Source of Income Recei	ved ap	Circle propriate letter	Kind of Income				
1.	S	Ababa Linkari B	-				
2.	S	D					
3.	**************************************	D					
4.		D					
SIGNA	TURE						
A Legislator who willfully fails to file a required statement is su	bject to a fi	ne of \$1	10 per business day until the report is filed.				
(1 M.R.S.A. § 1017-A)							
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 Commis	sion co Seneral.	ncludes 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.

Signature

(1 M.R.S.A. § 1019)

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Date

NAME:	DATE:									Nove describe Adulmanya syy pipembelahan e		
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Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part or	section	number	for the
Part/Section Number												
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