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 previous	ously filed statement for the calendar year	2008.
L	EGISLATOR INFORMATION	
Name Edward P. Finch		Member of:  ☐ House ☐ Senate
Mailing address  196 Covell Road  City, zip code  Fairfield		District 8-4
City, zip code Fairfield	04937	Phone 45-3-9476
PART 1. INCOME D	DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer principal type of economic activity of each empl	from whom you received compensation oloyer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
and the second s	;;	The control of the co
	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	T
A. List the name and address of your busine derived income. If associated with a partnersh areas of economic activity of that entity.	ess, if any, and list the major areas of ed nip, firm, professional association, or simila	conomic activity from which you ar 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: Address:		The second secon
Name: Address:	TO THE STATE OF TH	

PART 2 (cont	tinued). INCOME DERIVED FF (For Legislators who are self-er	ROM SELF-EMPLOYME!	NT
B. List each source of income derived from is greater, and specify the principal type of disclosure is prohibited by law, rule, or an each the entity or person from whom the income	n self-employment that represents r economic activity of the entity or po established code of professional et	more than 10% of your gross erson from whom you derive thics, specify only the princip	ed such income. If this form of pal type of economic activity of
Name ar	nd Address of Source	∕ Ac	Principal Type of Economic clivity of Entity or Person Who is the Source of the Income
Name: Address:		Hali Salikumiya naya di	
менилический при	aran marina kalika ku funfuun marina marina kalika ku	A CONTRACTOR OF THE CONTRACTOR	WASHINGTON CONTROL OF THE PROPERTY OF THE PROP
Address:		- Prince Lakes	
	PART 3. MAJOR AREAS OF (For Legislators who are attorneys-		
List your major areas of practice. If associa			The first of the control of the cont
Name and Address	endouvelenses was an experience of the figure of the first of the firs	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	A District		CCO SECURITY COLUMN COL
Address:	anna arranga manana manana arranga manana manan Tanàna manana manan	genariosis constitutada automorphismos en	THE PROPERTY CONTRIBUTION CONTR
Name:			954(BS) 4-12-15-15
Address:			
	PART 4. OTHER SOURCES (	Control of the Contro	
List each source of income of \$1,000 or mo	re <u>not listed</u> in Parts 1, 4, 01 3 01 un	is form. Do not include grus	. If none, check the box.
Autoministration of the amounts of the Conference of the Automotion of the Automotio	nd Address of Source		Kind of Income (investments, leases, etc.)
Name: Maine State F. Address:	Ettrement System		Fired Teacher Pension
Name:	ESTABLISHEN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN (ASSAULTAN ASSAULTAN ASSAU	ANADOMONIA AND AND AND AND AND AND AND AND AND AN	
Address:	O'OT OFBORTANIE II		
List the names of creditors for any unsecure areas of economic activity of each creditor.	PART 5. REPORTABLE LIA ed loans of \$3,000 or more that yo Do not list loans from a relative. If	ou received during the repor	ting period, and list the major
None	SSSAADAMAAA AARAA AARAAA AARAA AARAAA AARAA AARAAA AARAA AARAA AARAAA AARAAA AARAAA AARAAA AARAA AARAA AARAA AARAAA AARAAAA AARAAAA AARAAA AARAAAAAA	descent general frages (release de descelo de descelo de de del de descentra de des	**************************************
Name and	d Address of Creditor		Principal Type of Economic Activity of Creditor
Name:			
Address:			
Name:			
Address:			
List the specific source of each gift of more t none, check the box	PART 6. REPORTABLE than \$300. Include gifts with an ag		\$300 from a single source. If
None	99/10/05/06/AA/AA/AA/AA/AA/AA/AA/AA/AA/AA/AA/AA/AA	### ### ##############################	PROVINCIANA AND AND AND AND AND AND AND AND AND
Name of Source of Giff  1.	īt	Name of Source	e of Giff
2.	**************************************	militaria de la Constantina de la composição de la compos	mathematical distributions where the contract of the contraction of the contract of the cont

PART 7. REPORTA	BLE HO	NOF	RARIA			
List the source of any honoraria accepted for appearances or speech	nes relate	d to y	our offi	cial duties. If none, check the box.		
None			Transaction and the same			
Name of Source of Honoraria		ACAMADA SAN	Ňa	ame of Source of Honoraria		
1.	3.					
2.	4.		evalenceraescress: assesso	TOTOCOCCOMORGESCOCCOMONNERS PRESENTANTO (PRESENTATO PROTOCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCC		
PART 8. REPRESENTATION	BEFOR	E ST	ATE A	GENCIES		
List each executive branch agency before which you represented on the box-	r assisted	d othe	rs for o	compensation of any amount. If none, check		
None	PPPAPARETATE DESCRIPTION DE L'ESTATE D		***************************************			
Name of Agency				Name of Agency		
1.	3.					
2.	4.	h.M.Andidoendenikove	**************************************			
PART 9. BUSINESS WI	TH STA	TE A	GENC	RES		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ır immedi	ate fa	mily sol	ld goods or services with a value in excess of		
None	500.000man.ma	andronginal tradinal g				
Name of Agency				Name of Agency		
1.	3,					
2.	4.	esiesiejieuevsiejieji	Hereenengengsocciones			
PART 10. INCOME RECEIVED BY M	AEMBER	es o	F IMM	FDIATE FAMILY		
List the type of economic activity representing each source of incon (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,	000 o	r more	received by your spouse or dependent child		
Type of Economic Activity Representing Source of Income Received appropriate Kind of Income letter						
1.		S	D			
2.		S	D			
3.		S	D	1997/1995/SMBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB		
4.		S	D			
SIGNA <sup>*</sup>	TURE		The second secon			
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to a	fine	of \$10	) per business day until the report is filed.		
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	the Com	missio	on con	cludes that it appears that a Legislator has		
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest of question in committee or in either branch of the Legislature, an (1 M.R.S.A. § 1019)	to file a re	equire que:	ed state stion a	nd shall be precluded from voting on any		

Signature

Date

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ADDITIONAL INFORMATION													
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