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)

Please check if this is an update to a previously filed statement for the calendar year 2008.

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 STACEY Alken Fits Mailing address 180 LANCEY STREET			Member of: House District	☐ Senate		
City, zip code PittsAELD 04	1967		Phone 207 487	7 5641		
PART 1. INCOM	ME DERIVE	D FROM EMPLOYMENT BY ANOT	THER			
List the name and address of each emplo principal type of economic activity of each e	oyer from w employer.	hom you received compensation o	of \$1,000 or mor	e. Specify the		
Name of Employer	Name of Employer Address					
KLEINSCHMIDT	141 W	Pain St, POBOX650 ISFIELD, ME 04967	Activity of Employer			
Sture OF MAINE LEGISLATURE	Augus	AUGUSTA. ME		LEGISLATUR€		
	or Legislator siness, if a	IVED FROM SELF-EMPLOYMENT 's who are self-employed.) ny, and list the major areas of eco , professional association, or simila	onomic activity f	rom which you y, 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:			The second secon	n 1964 de 2000		
Name: Address:	en e		77777000000000000000000000000000000000	TO TO THE STATE OF		

PART 2 (continued). INCOMI	E DERIVED FROM SELF-EN ors who are self-employed.)	IPLOYMEN	
B. List each source of income derived from self-employment to is greater, and specify the principal type of economic activity of disclosure is prohibited by law, rule, or an established code of the entity or person from whom the income was derived.	that represents more than 10% of the entity or person from whom	n vou derived	such income. If this form of
Name and Address of Sour	Ce	Activ	incipal Type of Economic vity of Entity or Person Who the Source of the Income
Name:	e temen in the mental and the graph of the state of the s	t est tret in it trest ment de la life procession l'évre la fille en prés en partie.	t. Matalakaka helentekara estekara 1995 atau tali Mara talan erdara manera esteka diban dalah dalah dalah bela Talah
Address:	÷	****	
Name:	ari in 1888 MAN		otorentetterkelatetstettet til til til til kolonium mennemmen menne protesti til stillning med med etterkelatet
Address:		il were	
	OR AREAS OF PRACTICE who are attorneys-at-law only.)	AND CONTROL OF THE CO	
List your major areas of practice. If associated with a law firm,	the state of the s	of your firm.	`
Name and Address of Firm	Major Areas (sel		Major Areas of Practice (firm)
Name:	<b>Y</b>		<u> </u>
Address:	ACAM GRAMA A A A A		
Name:		27477460160000000000000000000000000000000	
Address	a la manda de la companya de la comp		
PARTA OTHE	R SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Part	A COLOR OF THE PROPERTY OF THE	nclude gifts.	If none, check the box.
None	Profession (2013) sets we networker of the 1994 (1995) Profession Annual Management (1995) Profession	Andrews of the Control of the Contro	nde redrige for application of the contract of
Name and Address of Source	ce		Kind of Income svestments, leases, etc.)
Name: Address:	en in de la companya	en un dant de de la de de de la de de de la de de la de la de de de la de de de la de	A Company of the Comp
Name:			MANAMANANA AMPRICANT (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988)
Address:		ance as as as as	
PART 5. REP	ORTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list loans from	or more that you received during	g the reportir	ng period, and list the major
None	on a feative. If hone, check the	······································	***************************************
Name and Address of Credit	or	Рп	ncipal Type of Economic
Name:	ing to the trial transfer that the manufacture of the colorest control of the		Activity of Creditor
Address:		1	
No	3044-biones/hann		**************************************
Name: Address:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
List the specific source of each gift of more than \$300. Include none, sheck the box	EPORTABLE GIFTS gifts with an aggregate value of	more than \$3	300 from a single source. If
None	en gregor from the transfer special designation of the contraction of the contract of the cont	(CONTRACTOR AND	\$
Name of Source of Gift  1.	Nan	ne of Source	of Gift
7	**************************************	CCCCCCCACAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
2.	4.		

PART 7. REPORT	ABLE H	ONO	RARIA				
List the source of any honoraria accepted for appearances or spee-	ches relat	ted to y	our of	ficial duties. If none, check the box.			
☑ None	a construction of the second	ours. Il <b>d</b> ecember 12-101	Alle and a selection of the selection of	The state of the s			
Name of Source of Honoraria			N	ame of Source of Honoraria			
1.	3.						
2.	4.	2008. I.A. чиничения вертунда (2010)					
PART 8. REPRESENTATION	N BEFOR	RE ST	ATE /	AGENCIES			
List each executive branch agency before which you represented the box.	or assiste	ed othe	rs for	compensation of any amount. If none, check			
None		No. Bullotto Maria de Caracteria de Caracter					
Name of Agency				Name of Agency			
1. 3.							
2.	4.						
PART 9. BUSINESS WITH STATE AGENCIES							
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	liate fa	mily sc	old goods or services with a value in excess of			
None	on the second	anneder a december debilishing geri	diteritoritenzamen zamen				
Name of Agency	· Parista Anthonomic Japana.			Name of Agency			
1.	3.						
2.	4.						
PART 10. INCOME RECEIVED BY	МЕМВЕ	RS OI	- IMM	EDIATE FAMILY			
List the type of economic activity representing each source of incc (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1 ed. Do no	,000 o t includ	r more le gifts	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Received			cle priate er	Kind of Income			
1. Administrative ASSISTANT			D	Employment			
2 SALES ASSOCIATE			<b>(</b> D)	Employment Employment			
3.			D	Commission of the Commission o			
4.		s	D				
SIGNA	ATURE						
A Legislator who willfully fails to file a required statement is su (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 saint.							

The intentional filing of a false statement is a Class E crime. If the Commission concludes 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)

Signature

Date

NAME:	DATE:										
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ADDITIONAL INFORMATION											
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if needed).	Indicate	the part o	r section	number fo	or the
Part/Section Number											
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