Office: 242 State Street, Augusta, Maine



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

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.

LEG	ISLATOR INFORMATION	
Name Sean P Flaherty		Member of: ☐ Senate
Mailing address Box 6998		District 127
City, zip code Scarboragh M	E 04070	Phone 450 - 4124
PART 1. INCOME DER	RIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each employer fro principal type of economic activity of each employer	m whom you received compensation er.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
American Association For Joshice U	Vashingha, DC	Timbe Assamen Ga't Felalus
Coastal Maine Agasta S	certainsh, ME	Yarth Suith
Pond Care Milluck S	o Portland, ME	Archtutual Million K
	DERIVED FROM SELF-EMPLOYME	NT
A. List the name and address of your business, derived income. If associated with a partnership, areas of economic activity of that entity.	if any, and list the major areas of e	economic activity from which you ilar 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:	n man and man and man and man and man and man and an and an and an an and an a 	en meneral en
Address:		
Name:		**************************************
Address:		7

PART 2 (continued). INCOME DERING (For Legislators who are	VED FROM SELF-EMPLO re self-employed.)	DYMENT
B. List each source of income derived from self-employment that repressing greater, and specify the principal type of economic activity of the end disclosure is prohibited by law, rule, or an established code of professing the entity or person from whom the income was derived.	esents more than 10% of you	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:	a di periodia di dia mpinyanya di di dipedia di dia dia mana mpinana 1900 menya kamangan di manangan di dipedi Tanggan di dia dia mpinyanya di dipedia dia dia dia manana mpinana 1900 menya kamangan di dia mpinya mpinya mp	the state of the s
Address:		· · · · · · · · · · · · · · · · · · ·
Name:	tering in the state of the stat	
Address:		El resignation de la constantination de la c
PART 3. MAJOR ARE (For Legislators who are at		
List your major areas of practice. If associated with a law firm, list the i	the state of the s	ur firm .
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice
Name:	(Sen't	(firm)
Address:	THE MARKAL AND	of Control
Name:		NEW TOWN CONTROL OF THE WAY AND AND THE CONTROL OF T
Address:	mod Kalakahi (A Principle of the Control of the Co
PART 4. OTHER SOUR	RCES 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	de gifts. If none, check the box.
None		1995年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,1996年19月1日,
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:	•	Hotel of condition
Name:	1800 Markota errorga ya esta 180 Markota errorga errorga errorga 180 Markota errorga errorga errorga 180 Marko	
Address:		and decomposed.
PART 5. REPORTAB		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a relative	that you received during the ative. If none, check the box.	e reporting period, and list the major
None		NEST MENTEN PROPERTY CONTRACTOR C
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		100 mm on the control of the control
Name:	**************************************	arg garant and an ann an
Address:		
PART 6. REPORT	ABLE GIFTS	\$
List the specific source of each gift of more than \$300. Include gifts with none, check the box	h an aggregate value of more	e than \$300 from a single source. If
None	diff(MMM) distributed as a constraint of the proof of the desiration of the constraint of the constr	\$\$\$\tag{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
Name of Source of Gift 1. 3.	······································	Source of Gift
2. 4.	ecococodes CCS-A-weard see minima physiologic dee weerde menyla vie mee traspecto pod 2220.AA-22A-bade weere cycle 202	39/00/00/00/00/00/00/00/00/00/00/00/00/00

	RT 7. REPORTABLE HO				
List the source of any honoraria accepted for app	Dearances or speeches relate	ea to y	our oπι	cial duties. If none, check the box.	
Name of Source of Honoraria			Na	ame of Source of Honoraria	
1. 3.				V V S 19 to the till to the time to the company of the time to the company of the time to the time to the time to the company of the time to the time	
же очиния в интитет в чето не опинимателизация в постоя на вына, на общенно не интитет в не опинима не и същения в не опинима на опинима	4.				
PART 8. REI	PRESENTATION BEFOR	E ST	ATE A	GENCIES	
List each executive branch agency before which the box.	you represented or assiste	d othe	ers for o	compensation of any amount. If none, chec	
₩ None		PERSONAL CONTROL PROPERTY.	PCPUICSCNOURBROADBOA	ONE STATE OF THE S	
\\Name of Agency		Name of Agency			
1.	3.	3.			
2.	**************************************	4.			
PART	9. BUSINESS WITH STA	TE A	GENC	IES	
List each executive branch agency to which you \$1,000 during the reporting period. If none, chec	or a member of your immedi	iate fa	mily so	ld goods or services with a value in excess o	
None	terrene er	namen i kalihari ika casans	, ,	NARONANIANIANIANIANIANIANIANIANIANIANIANIANI	
Name of Agency				Name of Agency	
1.	3.	3.			
2.	4.	4.			
PART 10. INCOME	RECEIVED BY MEMBER	RS O	FIMM	EDIATE FAMILY	
List the type of economic activity representing ex (ren) during the reporting period and the kind of in "D" for income received by dependents.	ach source of income of \$1, income represented. Do not	,000 c includ	or more de gifts	received by your spouse or dependent child Circle "S" for income received by spouse of	
Type of Economic Activity Representing Source of Income Received		Circle appropriate letter		Kind of Income	
1.		S	D		
2.		S	D	mainten et en en fenne fenne fenne forskriver (1960) en	
3.		S	D	AND MAN COME with a field and an extension and an extension and the common of points (COM)	
•		S	D	9400 THA CARLON AND AND AND AND AND AND AND AND AND AN	
	SIGNATURE				
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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.B.S.A. § 1019)

Signature

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ADDRESS:	O Pok	6998	57.Jbn	h ME		one and a second se	and the second section of the se		
ADDITIONAL INFORMATION									
information you	any additional info are providing.	rmation below (and	on additional st	neets if needed).	Indicate the par	or section number	for the		
Part/Section Number									
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