Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine



Name

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.

**LEGISLATOR INFORMATION** 

Name		Member of:		
E/speth Fleming	☐ House ☐ Senate			
Mailing address		District		
23 Kennebec Stree	A	35		
City, zip code		Phone		
Bor Harbor, 0460	9	669-2073		
PART1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employ principal type of economic activity of each en	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
Maine Conservation Corps	124 State House Station,	Environmental		
	Augusta, ME 04333	Education		
College of the Atlantie	105 Eden Street	Education		
or the Atlantie	Bar Harbor, ME 04609	L ducanon.		
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	,			
PART 2. INC	OME DERIVED FROM SELF-EMPLOYMEN	I		
	r Legislators who are self-employed.)			
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and list the major areas of edership, firm, professional association, or simil	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:		DUSINESS Entity)		
Name: Address:		DUSINESS ERITTY)  7.4 STANDARD AND AND AND AND AND AND AND AND AND AN		
		DUSINESS ENTRY)		

PART 2 (continued). INCOME DE (For Legislators who	ERIVED FROM SELF-EMPLOYME no are self-employed.)	NT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	represents more than 10% of your gros	ad such income. If this form of
Name and Address of Source	Ac	Principal Type of Economic stivity of Entity or Person Who is the Source of the Income
Name: .	The company of the Control of the Co	ikk badik kilang pangangan di magan di malambal wasa sa alambang pang pangah, di masa kilanaman masa sa magang
Address:	WARRANTE	
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Address:	10 per 1 250 per 1 250 per 2 250 per	
	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list t	re attorneys-at-law only.) the major areas of practice of your firm.	
Name and Address of Firm	Major Areas of Practice	Major Areas of Practice
Name:	(self)	(fim)
Address:	energana de la companya de la compan	googly ablast in Al-
	\$\frac{1}{2}\$\$\frac{1}{2}\$\$\$\frac{1}{2}\$	тобольный <sub>с</sub> умностичення постоя постоя можения на применення постоя на применення по
Name: Address:	served and the served	eri va bira avos
List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME  2 or 3 of this form. Do not include aiffs	If none check the how
□ None	2, OF 3 OF UTIO TOTAL. DO NOT HINDUG 9113	. IT HONE, CHECK THE DOX.
		Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name:	i i di indica de la calcanta de la c	
Address:	\$	
Name:		
Address:		
	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	nore that you received during the repor relative. If none, check the box.	ting period, and list the major
None		THE TOTAL CONTROL OF THE PARTY
Name and Address of Creditor	ı	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	TEC 2008AN Military and an annual property (2008AN Military and an annual property (2007AN Military), and an annual property (2007AN MILITARY).	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Address:		
PART 6. REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more than	\$300 from a single source. If
None	FBANNONE PROPERTY (CONTROL OF CONTROL OF CON	November (1987) (1987) (1988) (1984)
Name of Source of Gift	Name of Source	e of Gift
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2.	4_	

PART 7. REPORTA	A DI E LIONO	DADIA	
List the source of any honoraria accepted for appearances or speech		The second section of the sect	
None	and a second control of the second control of the second control of the second control of the second control of	,	ter 1990 19 km tinaka atau kila maraka keramanan manan manan perangan dan manan membanan menangan kanada dan m
Name of Source of Honoraria		N:	ame of Source of Honoraria
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2.	4.	11-49-2009-008-2-4-40-2-4-	weign-wein gewon (%) in high tigh till till stelland a Collegia Calling and Artificial in review residented at payments (Artificial in residented and Artificial in residented at the Artificial in the Artificial
PART 8. REPRESENTATION	BEFORE ST	ATE /	AGENCIES
List each executive branch agency before which you represented of the box.	or assisted other	ers for o	compensation of any amount. If none, check
None	**************************************	······································	
Name of Agency			Name of Agency
1.	3.		
2.	4.	ormal-Printerlandesesses.	Amountains and the second desire the definition of the second desire and the second desi
PART 9. BUSINESS W	ITH STATE /	AGENC	DES
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 fa	mily so	ld goods or services with a value in excess of
None	stillett til till til stillet til stil	aracinatum number	
Name of Agency			Name of Agency
1.	3.		
2.	4.		
PART 10. INCOME RECEIVED BY	MEMBERS O	FIMM	EDIÂTE FAMILY
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 c	or more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Receiv	ved appro	rcle opriate Iter	Kind of Income
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2.	S	D	new reserved and distinct control of the control of
3.	. S	D	на объектания от том по не не том по при по при по при по при по по при по
4.	s	D	
SIGNA	TURE		
A Legislator who willfully fails to file a required statement is sut (1 M.R.S.A. § 1017-A)	bject 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 willfully filed a false statement, it shall refer its findings of fact to the	the Commissi	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 question in committee or in either branch of the Legislature, and	to file a require	ed state	and shall be precluded from voting on any
(1 M.R.S.A. § 1019)			
(1 M.R.S.A. § 1019)  Hoie Henricon		112	109

NAME:	DATE:							
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ADDITIONAL INFORMATION								
Please provide an information you are	y additional informa providing.	tion below (and on	additional shee	ts if needed).	Indicate the par	rt or section number for t	he	
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