

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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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 pre	eviously file	ed statement for the calendar year 2	2008
		ATOR INFORMATION	
Name ACNNCTA FLETCHER Mailing address 382 GARLAND RA City, zip code			Member of: House
City, zip code WINS/OW, MAINE OYGO!			(207)-872-6760
PART 1. INCOMI	E DERIVE	D FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employ principal type of economic activity of each er	er from w	whom you received compensation of	of \$1,000 or more. Specify the
Name of Employer		Address	Principal Type of Economic Activity of Employer
KONE			
		RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)	
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	iness, if a rship, firm	any, and list the major areas of econor, professional association, or simila	onomic 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: FLETCHER CONSULTING Address: 382 GALLAND Rd, WINS	las, ME	Pulp + Paper Consultant	Not Active w 2008
Name: Address:		Note: Lass Andrews	Milhiman

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)					
B. List each source of income derived from self-employment that represe is greater, and specify the principal type of economic activity of the entity disclosure is prohibited by law, rule, or an established code of profession the entity or person from whom the income was derived.	ents more than 10% of your or person from whom you o	derived such income. If this form of rincipal 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: Wot Applicable Address:	Vice and Vic	NO (Mcome carnal in 2008			
Name: Address:					
PART 3. MAJOR AREAS (For Legislators who are attor	The state of the s				
List your major areas of practice. If associated with a law firm, list the ma		firm.			
Name and Address of Firm	Major Areas of Prac (self)				
Name: WA Address:		anna arana anna anna anna anna anna ann			
Name: Address:	What had a state or	Bire or you had been seen as a			
PART 4. OTHER SOURC	ES 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	gifts. If none, check the box.			
None	tu kalabetuutuut vat kastiin 1900 mmaa nakee ja kalabetu ja	- 1904. Madina ana ari mahana manusu mehina da samining 1,50 m 2,00 m 2 <mark>980. M</mark> adina kanda salah da salah mehinan mehinan melalam sebia salah sa			
	and comment of the Co				
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name: Kimberly Clark Pension Address: P.O. Box 23826 JACKSMUNE, FL 32	i de marie de la companya de la comp	pensen			
Address: P.O. Box 23826 JACKSMUNE, FL 32	24/	Pensen			
Name: Social Security Administration	u Al Bacoroccurre	Social Security			
Address: 1 JAMAICA Center PLZ, JAMAGA NY	114832				
PART 5. REPORTABLE	10 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more th areas of economic activity of each creditor. Do not list loans from a relative	at you received during the ve. If none, check the box	reporting period, and list the major			
None	2014 CT 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	PPQ 1 == P13 N = P1 1			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name: Prete, Haharly - for legal Se	weed to	As a momber And			
Address: P.O. Box 95-46 SAVE our Sel	oshiooli	offred of Save our Schools which			
Name: Prete, Flahophy - for Legal Se Address: One CircleCenter Save on Sel- Name: Portland, ME 04112	TO CONTRACT THE PARTY OF THE PA	es a incorporated non-			
Address:	, E	. 0 . 0			
PART 6. REPORTAL	and in the second contract the second and declare a second adequate data property				
List the specific source of each gift of more than \$300. Include gifts with a none, check the box	an aggregate value of more	than \$300 from a single source. If			
None	interpolacione de la grande contra de la contra dela contra de la contra dela contra de la contra dela contra de la contra del la contra d	an a			
Name of Source of Gift 1. 3.	Name of S	Source of Gift			
2. 4.	enne myyyytettä tiläätättä tiläätää kuostata kuostata kuosta kaika kaika kanna enne enne enne enne enne enne e	$To THOS = \frac{1}{2} A^{2} + $			

List the source of any honoraria accepted for	PART 7. REPORTABLE r appearances or speeches re			
None	aaka an ahaa saanaan ahaa sa saanniin marayyynii sa 🗫 23 ah ahaa ahaa ah aahaa ah aa ah aa ah aa ah aa ah aa ah		. 40 %	
Name of Source of Honor	aria		ħ	Name of Source of Honoraria
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2	4.	. 1000: -d-46666600-b-2	198-1-189-1 (BMB)11 (O ABB)	300.1886444000000000000000000000000000000000
PARTS	REPRESENTATION BEF	ODE CT	ATE	WENGES
List each executive branch agency before v		may pagagagang din sit.		compensation of any amount. If none, chec
the box. None	A COMMON	NORTH CONTRACTOR OF THE CONTRA	belle management program	
Name of Agency				Name of Agency
1.	3.		intoninin ha naming 19 idge	er verste de la companya de la comp
2.	4.			
	RT 9. BUSINESS WITH S		e ENI	OUT C
	you or a member of your imm		Marketan separati	old goods or services with a value in excess
None			ti delitare emericani il consignati	And the state of the state was an extension of the state
Name of Agency			- The second	Name of Agency
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PART 10. INCO	ME RECEIVED BY MEMB	BERS O	FIMN	EDIATE FAMILY
List the type of economic activity representi	ng each source of income of	\$1,000 c	r more	e received by your spouse or dependent chi s. Circle "S" for income received by spouse
Type of Economic Activity Representing S	Source of Income Received	appro	cle priate ter	Kind of Income
DR. Fida-Per Diem Ri	4 Separces	(s)	D	par Diene RM services
DR. Fida-Per Piem R. P.	Box 724767	Š	D	for Diene RN services Timt Account - lease gland for all tower
3.	Anta, CA 3/139	S	D	Just the Contraction of the Cont
4.	A PROBATORIS A A America a marine proportion (Control Control	S	D	- The state of the
	SIGNATURE			
Legislator who willfully fails to file a rec			of \$1	0 per business day until the report is file
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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

70 9 Date

NAME:	DATE:									
ADDRESS:										
	ADDITIONAL INFORMATION									
Please provide information you	ny additional information below (and on additional sheets if needed). Indicate the part or section number for the e providing.									
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