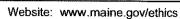


Office: 242 State Street, Augusta, Maine



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 previously	filed statement for the calendar year :	2008.				
LEGIS	LATOR INFORMATION					
Name Patrick Flood		Member of:  ☐ House ☐ Senate				
Patrick Flood  Mailing address  56 Wedgewood Dr  City, zip code  Winthrop Me 0		District 82				
City, zip code Winthrop Me O	Phone 207 395 4915					
PART 1. INCOME DERIV	VED FROM EMPLOYMENT BY ANO	THER				
List the name and address of each employer from principal type of economic activity of each employer.	whom you received compensation	of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
none		CETTO TO SECONDALANTANO — IN THE THE PROPERTY OF THE CONSTITUTE — IN THE PROPERTY OF THE PROPERTY OF THE CONSTITUTE — IN THE PROPERTY OF THE P				
	ERIVED FROM SELF-EMPLOYMEN itors who are self-employed.)					
A. List the name and address of your business, if derived income. If associated with a partnership, fir areas of economic activity of that entity.	f any, and list the major areas of ed rm, 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:						
Name: Address:						

PART 2 (continued). INCOME		-EMPLOYMEN			
B. List each source of income derived from self-employment th 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.	the entity or person from v	whom you derived	such income. If this form of		
Name and Address of Source	Activ	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:			от на применения в применения в подрад в подрад на применения в почет и роского почет до 1935 году в 1955 году		
Address:		No.			
Name:			en e		
Address:		A NEW YORK OF THE PROPERTY OF			
	RAREAS OF PRACTIC	E production of the second sec			
List your major areas of practice. If associated with a law firm, I	no are attorneys-at-law only.) ist the major areas of prac	tice of your firm.			
Name and Address of Firm	ومحوور وميستويد فينتدي وموجوع وحصومه معهم ومسخط استخطا بالمحاري والإنجام ومصوب السحواء فالمحادث	eas of Practice (self)	Major Areas of Practice (firm)		
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Address: Mul	**************************************		g. varioscococococococococococococococococococ		
Name:	An of a special control of the contr				
Address:	i i i i i i i i i i i i i i i i i i i				
	SOURCES OF INCOM	to professional and the second			
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.		
2 2 0 m		dan salah dan salah salah 1842 kelah menangan seringan seringan seringan seringan seringan seringan seringan s			
Name and Address of Source		(in	Kind of Income vestments, leases, etc.)		
Name: International Paper - Petires Services	Center	Pen	5 <i>/57</i> ~		
Address: PO Box 7870, Ocala Fla 344	78-7870	d in place to the state of the			
Name:	THE COLOR OF THE C				
Address:		nucleocide an id-o-d			
PART 5. REPO	RTABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 careas of economic activity of each creditor. Do not list loans from	or more that you received on a relative. If none, chec	during the reportink the box	g period, and list the major		
None	resignation that we were entry to the field when an entry the entry property of	1997 Bala 1994 Balantakan ku dalim salahika salam 1944 Bala 1944 Bala 1945 B			
Name and Address of Credito	<b>.</b>	Pri	ncipal Type of Economic Activity of Creditor		
Name:		indiable of the second			
Address:	CENTANDA CONTRACTOR STANDARD AND CONTRACTOR STANDARD CONTRACTOR STANDARD AND C				
Name:					
Address:					
	PORTABLE GIFTS				
List the specific source of each gift of more than \$300. Include gnone, check the box	gifts with an aggregate valu	ue of more than \$3	300 from a single source. If		
None		indikali masinanya manina mana mana mana mana mana mana m	nt militar (militar) kan manana sa katanin na manana 122 sa ma mana katanin katanin katanin katanin katanin ka Manana katanin		
Name of Source of Gift  1.	3.	Name of Source of	of Gift		
2.	4.		99009062984M6CC844M8mm444mmm4499999999999990000000000000000		

PART 7. REPORTA	ABLEH	IONOI	RARI			
List the source of any honoraria accepted for appearances or speech	hes relat	ted to y	our of	ficial duties. If none, check the box.		
PNone						
Name of Source of Honoraria			Ŋ	lame of Source of Honoraria		
1.	3.					
2.	4.	**************************************				
PART 8. REPRESENTATION	BEFO	RE ST	ATE	AGENCIES		
List each executive branch agency before which you represented o the box.	or assiste	ed othe	rs for	compensation of any amount. If none, check		
None		***************************************	Middle on one of the state of t			
Name of Agency				Name of Agency		
1.	3.			The second secon		
2.	4.					
PART 9. BUSINESS WI	ITH ST	ATE A	GEN	CIES		
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 immed	liate fa	mily so	old goods or services with a value in excess of		
None	Ulliud and American de de Millery de project (Millery de project (	otralinaer: 17000000 Mestelsese	erene er			
Name of Agency	San		TOTAL STREET	Name of Agency		
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED BY N	/EMBE	RS O	FIMM	IEDIATÉ FÁMILY		
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1 l. Do no	l,000 o t includ	r more le gifts	e received by your spouse or dependent child c. Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Receiv	/ed	Cir appro lett	priate	Kind of Income		
1. Wife Majorie - Optician	9	(S)	D	6, 1, 4		
2.		s	D	Employment		
	muddhaman manga	******************				
3.		S	D			
4.	A col col col col col col	S	D			
SIGNA*	TURE					
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to	a fine	of \$1	0 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 e Attom	nmissio ley Gel	on con neral.	cludes that it appears that a Legislator has		

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

1/16/07

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ADDITIONAL INFORMATION												
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