

## RECEIVED

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

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINEETHICS COMMISSION

## 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  Joyne Crosby Green  Mailing address	Member of: House District	☐ Senate							
City, zip code  Belfast, Maine	949-0	380							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER									
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.									
Name of Employer	Address 18736	Principal Type Activity of E							
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Camben Vot (Bank 156		•							
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)									
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas o Activ (partnership, asso business	rity ciation or similar						
Name: Address:		i marin in melining mengang mengang pengang penganggang di penganggang di pengang di pengang di pengang di pen	en er						
Name: Address:	Throughous a Gold laborate season and the property of Gold laborate season.	2-20-70 COMMON COLUMB de seus seus en							

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 r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profithe entity or person from whom the income was derived.	epresents more than 10% of your	lerived such income. If this form of						
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income							
Name: Address: None	1							
Name: Address:	ERRATE AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION ACTION AND ACTION							
	REAS OF PRACTICE re attorneys-at-law only.)							
List your major areas of practice. If associated with a law firm, list		firm.						
Name and Address of Firm	Major Areas of Prac (self)	entengentember in transport i para la companie de prompte de la companie de la companie de la companie de la c						
Name:		**************************************						
Address:  A disconsistence reconstruction of the contract of t								
Name: Address:	TO AND MATERIAL SECURITY	· valverance control of the control						
PARTA OTHER SC	DURCES OF INCOME							
List each source of income of \$1,000 or more not listed in Parts 1, 2	property of the second	aifts. If none check the box						
None		gits. If hote, theta he box.						
Name and Address of Source		Kind of Income (investments, leases, etc.)						
Name: Address: Kley, Cleveland, Ohio		retrement pension						
Name:		annak masa mada kana cara cara anna mada mada mada mada mada mada mad						
Address:								
	ABLE LIABILITIES							
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	nore that you received during the relative. If none, check the box	eporting period, and list the major						
None	AND							
Name and Address of Creditor		Principal Type of Economic Activity of Creditor						
Name:	***************************************							
Address:	AT 1.04800000000000000000000000000000000000							
Name:	E DE DE CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CON							
Address:								
	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 t	han \$300 from a single source. If						
None	ng the season where the proof of subject to the season of	The field and an exhaust to						
Name of Source of Gift 1.	Name of S 3.	ource of Gift						
2.	4,	TO MATERIAL CONTROL CO						

PART 7. REPORT,	ABLE HC	NOF	ARIA				
List the source of any honoraria accepted for appearances or speed	ches relate	d to y	our offi	cial duties. If none, check the box.			
None							
Name of Source of Honoraria  1.		Outdoor viction	N	ame of Source of Honoraria			
	3.	:: <b>:::::::::::::::::::::::::::::::::::</b>	: 105~-; - 100000 4 > 452 meta				
2.	4.						
PART 8. REPRESENTATION	I BEFOR	E S J	ATE A	GENCIES			
List each executive branch agency before which you represented the box:	or assisted	othe	rs for o	compensation of any amount. If none, check			
None	YNYYYYYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nalalementa esta esta esta esta esta esta esta es	ener energenanists				
Name of Agency		1000 ACC		Name of Agency			
1,	3.						
2.	4.						
PART 9. BUSINESS W	/ITH STA	TE A	GENC	BES			
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 immedia	ate far	nily so	ld goods or services with a value in excess of			
None	NOTES STATEMENT OF		<i>Ф∾Фене</i> ниция голого				
Name of Agency		Name of Agency					
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2.	4.	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
PART 10. INCOME RECEIVED BY I	MEMBER	S OF	IMM	EDÍATE FAMÍLÝ			
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,0 d. Do not i	000 or includ	more e gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Recei	ved	Circle appropriate letter		Kind of Income			
1. Insurance	(	(s)	D	Income			
1. Insurance 2. Pental-realestate		s	Ď	Greone			
3.	***************************************	S	D	UNITY MODIFIED NO. 20 Million de Considerar a			
4.	***************************************	S	D				
SIGNA	TURE						
A Legislator who willfully fails to file a required statement is su (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	the Comn	nissio	n con	cludes 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

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ADDITIONAL INFORMATION												
Please provide information you	any additiona are providing.	al information	below	(and on	additional	sheets	if needed).	Indicate	the part o	r section	number	for the
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