Office: 242 State Street, Augusta, Maine



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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

- <i> </i>		Member of:			
Holem book	☑ House ☐ Senate				
Mailing address		District			
303 Hammord St Apr 15,		15			
City, zip code Funger, ME 0440	Phone 207 - 991 - 7000				
PART 1. INCC	OME DERIVED FROM EMPLOYMENT BY AN	OTHER			
List the name and address of each emp principal type of economic activity of each	ployer from whom you received compensation employer.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
Mome Regle's Alliance	77 State. Greet Site 44 Earger, ME 04401	Community organitaing			
Maine Respies Persone Center	24 State St. Ste, 44 Ranger, ME O4401	community organizary			
	NCOME DERIVED FROM SELF-EMPLOYME				
	For Legislators who are self-employed.)				
A. List the name and address of your b		economic activity from which you			
A. List the name and address of your to derived income. If associated with a part	For Legislators who are self-employed.) ousiness, if any, and list the major areas of ethership, firm, professional association, or sim	economic activity from which you nilar business entity, list the major Major Areas of Economic			
A. List the name and address of your to derived income. If associated with a partiareas of economic activity of that entity.	For Legislators who are self-employed.) Dusiness, if any, and list the major areas of ethership, firm, professional association, or similar. Major Areas of Economic Activity	economic activity from which you nilar business entity, list the major Major Areas of Economic Activity (partnership, association or similar			
A. List the name and address of your to derived income. If associated with a part areas of economic activity of that entity. Name and Address of Business Ent	For Legislators who are self-employed.) Dusiness, if any, and list the major areas of ethership, firm, professional association, or similar. Major Areas of Economic Activity	economic activity from which you nilar business entity, list the major Major Areas of Economic Activity (partnership, association or similar			
A. List the name and address of your bederived income. If associated with a part areas of economic activity of that entity. Name and Address of Business Ent	For Legislators who are self-employed.) Dusiness, if any, and list the major areas of ethership, firm, professional association, or similar. Major Areas of Economic Activity	economic activity from which you nilar business entity, list the major Major Areas of Economic Activity (partnership, association or similar			

PART 2 (continued). INCOME DI (For Legislators w	ERIVED FROM SELF-EMPLOYMEI	VΤ
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of pro the entity or person from whom the income was derived.	e entity or person from whom you derive	ed such income. If this form of
Name and Address of Source	Ac	Principal Type of Economic tivity of Entity or Person Who s the Source of the Income
Name;		mentengan penganan seperang kelabahan dianan sebagai penganan beranggan pengangan pengangan beranggan berangga Seperanggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan penganggan
Address:		
Name:		eti matelaan ki Saussaan kan maran kan kan ki Saussaan kan kan kan kan kan kan kan kan kan
Address:	1.00	
	AREAS OF PRACTICE are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list		
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	Circles in the season	MANAGORIA
Address:	THE PROPERTY OF THE PROPERTY O	ACCURATE ACCURATION OF THE PROPERTY OF THE
Name:		- Company I Company
Address:	12. 12. 13. 14. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	
	OURCES 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.
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Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		The second secon
Address:		
Name:	60 cm	•
Address:		
	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or r areas of economic activity of each creditor. Do not list loans from a	nore that you received during the repora relative. If none, check the box	ting period, and list the major
None	en garage and the state of the	No contract the Contract of th
Name and Address of Creditor	P	rincipal Type of Economic Activity of Creditor
Name:		
Address:	and a second	**************************************
Name:		
Address:		
PART 6. REPO	ORTABLE GIFTS S with an aggregate value of more than	\$300 from a single source. If
none, check the box		voca non a single source. Il
Name of Source of Gift	Name of Source	one and the contract of the co
1.	3.	s or Gill
2.	4.	NAM D = 0.000000000000000000000000000000000

PART 7. REPORTA	ABLE HO	NOI	RARI				
List the source of any honoraria accepted for appearances or speec	hes related	l to y	our of	ficial duties. If none, check the box.			
None				To the first content of the second of the se			
Name of Source of Honoraria			Ň	lame of Source of Honoraria			
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2.	4.	E.30600000000	iuleatiekoorearoi- ₁₉₇₉ an	(1985) - 333560-300 AMEN - 3994 (1985-500000000000000000000000000000000000			
PART 8. REPRESENTATION	BEFORE	ST	ATE,	AGENCIES			
List each executive branch agency before which you represented of the box.	or assisted	othe	ers for	compensation of any amount. If none, check			
None	300.000.000.000.000.000.000.000.000.000	mme.svenciscoss.s	PORTUNITIES Control	**************************************			
Name of Agency				Name of Agency			
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PART 9. BUSINESS WI	TH STAT	ΕA	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.			(30) 00000000000000000000000000000000000				
None	0.000.00000000000000000000000000000000	6x:wonunu	2452444444				
Name of Agency	Electronic de la constanta de			Name of Agency			
1.	3.						
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PART 10. INCOME RECEIVED BY N	VEMBERS	S OI	FIMM	EDIATE 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 \$1,00	00 o	r more	e received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Receiv	ved a	Circle appropriate Kind of Income letter					
1.		s	D				
2.		s	D	CONTRACTOR AND			
3.	00000000000000000000000000000000000000	s	D	The second control of			
4.	***************************************	S	D				
SIGNA							
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-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	the Commi	issic	on con	cludes that it appears that a Legislator has			
willfully filed a false statement, it shall refer its findings of fact to the	_			owent as here will the Stade of the			
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest of question in committee or in either branch of the Legislature, an (1 M.R.S.A. § 1019)	on every of	aues	stion a	and shall be precluded from voting on any			
AM MM		1/1	15/2	209			

Date

NAME:					t til til til til til til til til til ti	DATE:		ikendamaken ya mana mikanim anada isanggap	- Alternative and a section of the s	THE PROPERTY AND A TOTAL CONTRACTOR AND EXPERIENCES	an an an Maria an an Andrean ann an Anna an An
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				FIONAL IN							
Please provide any additional information you are providing.	information	below	(and on	additional	sheets i	f needed).	Indicate	the part of	r section	number	for the
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