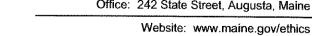
Office: 242 State Street, Augusta, Maine



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 pr	reviously filed statement for the calendar year	· 2008.				
	LEGISLATOR INFORMATION					
CHRIS GREEL	Member of: ☐ House ☐ Senate					
Mailing address P.O. BOX 355	District 22					
City, zip code LEVANT	Phone 884-6000					
PART 1. INCOM	TE DERIVED FROM EMPLOYMENT BY AN	OTHER				
List the name and address of each emplo principal type of economic activity of each e	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				
TOWN OF HOLDEN	MAIN RD. Holden, ME 04429	MUNICIPAL EMPLOYEE				
-						
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	(Self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: CHRIS GREELEY TRAINING Address: P.O. BOX 593, BANGOR	RETAIL & ON-LINE , ME C.D. SAIES					
Name: Address:		CONTROL OF THE CONTRO				

PART 2 (continued). INCON (For Legista	ME DERIVED FROM SE ators who are self-employed.)	LF-EMPLOYMENT	F		
B. List each source of income derived from self-employment is greater, and specify the principal type of economic activity disclosure is prohibited by law, rule, or an established code the entity or person from whom the income was derived.	t that represents more than	m whom you derived cify only the principal	such income. If this form of		
Name and Address of Sou	Name and Address of Source				
Name: Address:		* Ambilitier House state (A)	,		
Name: Address:	kantaran kerakan kan di dengah di pagasan di Salah di Sa K	winderkeiteteren verminnerkeiten kontrolleren en e	Territoria in communicación de la communicación de la communicación de la communicación de la communicación de		
PART 3. MAJ	IOR AREAS OF PRACT s who are attorneys-at-law onl	Comment of the Commen			
List your major areas of practice. If associated with a law firm		Andrew Control of the			
Name and Address of Firm	de la company de	Areas of Practice (self)	Major Areas of Practice (firm)		
Name: Address:	F		The state of the s		
Name: Address:	Carlos Annais An				
	ER SOURCES OF INCO				
List each source of income of \$1,000 or more not listed in Pa			If none check the hox		
Alternaturan peruntuan peruntuan peruntuk perunt	HIO 1, 2, OF O OF LING POTES	DO NOT HOUSE GREE.	III IIOIC, CIICOX IIIC DOX.		
الكلر None Name and Address of Sou	Jrce		Kind of Income nvestments, leases, etc.)		
Name:		The state of the s	And Conference of the And Conference of the Conf		
Name:	CACESTON AND AND AND AND AND AND AND AND AND AN	in the state of th			
Address:		Bowelshide			
PART 5. RE	PORTABLE LIABILITI	ES			
List the names of creditors for any <u>unsecured</u> loans of \$3,00 areas of economic activity of each creditor. Do not list loans	00 or more that you receive from a relative. If none, cl	ed during the reportir heck the box	ng period, and list the major		
None	e transier en transport (transport transport t	eminin i Ambaha "Assantianaa (Ajadakaayyaanaa iyadakya hassayy gaa q aajaana	anna ann ann an 1800 an t-ainm an t-ainm ann ann aigh a t-ain 1820 1825 an an 1820 an 1820 an 1820 an 1820 an		
Name and Address of Cred	ditor	Pri	ncipal Type of Economic Activity of Creditor		
Name:	•	A.A.A.B. *******************************			
Address:	. MONTH MANAGEMENT AND		TOTO CONTROL C		
Name:		distributed delicated and deli			
Address:		1.4.4. 1.2.4.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.			
	REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Include none, check the box	de gifts with an aggregate	value of more than \$3	300 from a single source. If		
None	والمنافرة والمنا	enement on the transfer of the	ti. an E asanan, maanaga kalaman ang maga mamat ay matata sa		
Name of Source of Gift 1.	3.	Name of Source	of Gift		
	4.	39/00/40/00/20/00/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00/20/00			

PART 7. REPORTAL	BLE H	IONO	RARI/	
List the source of any honoraria accepted for appearances or speeche			A second residence and the	
None	An exercise an extrane and exercise and	, en arrago e de differentido milión de	ikangan kangganya na ca	
Name of Source of Honoraria		Proceedings of the control of the co	N	lame of Source of Honoraria
1.	3.			
2.	4.	OPPOSE CONTRACTOR CONTRACTOR		いい。東南・海南・沙田・北京(山南・山本神田)(今日 南田田)(中国 中国 Hamiltonian Angelore)(中国 Bally Market Market Hamiltonian Angelore)(日本 Color Angelore))(日本 Color Angelore))
PART 8. REPRESENTATION E	BEFO	RE S1	ATE	AGENCIES
List each executive branch agency before which you represented or the box.				
None	WOLFELDOWN SCHOOL STREET, STRE		**************************************	
Name of Agency				Name of Agency
1.	3.			
2.	4.			
PART 9. BUSINESS WIT	TH ST/	ATE /	GEN	CIES
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.			the second second	
None	checholic (Commonweller)	other control of the	revenues volumento como	BUNDANIAN AND AND AND AND AND AND AND AND AND A
Name of Agency	arenen arenen ne Saa.		nestosates	Name of Agency
1.	3.			
2.	4.	Минисор -живовинеру	моновоссовановоющих	20000000000-0-0-0-0-0-0-0-0-0-0-0-0-0-0
PART 10. INCOME RECEIVED BY ME	EMBE	RS O	FIMM	EDIATE FAMILY
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.	ne of \$1	000,I	r more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Received	ed	appro	cle priate ter	Kind of Income
1. V.P. OF MARKETING P.R. FIRM	((S)	D	SALARY AS VICE PRESIDEN
2. PART-TIME JOB BEFORE STATETING COLD	FEE	S	(D)	REAL ESTATE CO. RECEDIUM
3.		S	D	Annual Control of Cont
4.		S	D	
SIGNATI	URE			
A Legislator who willfully fails to file a required statement is subjection (1 M.R.S.A. § 1017-A)	ect 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 the willfully filed a false statement, it shall refer its findings of fact to the	ne Com	nmissio	on con	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.B.S.A. § 1/019)

Signature

Date

NAME:			
ADDRESS:			THE CONTRACT OF THE CONTRACT O
		ADDITIONAL INFORMATION	
Please provide information you	any additional information are providing.	on below (and on additional sheets if need	ed). Indicate the part or section number for the
Part/Section Number			
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	W. Carlotte		
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