Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics

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.

	LEGISLATOR INFORMATION				
Name		Member of:			
JAMES M. HAMPE		House			
Mailing address		District			
Mailing address  1023 KING ST		100			
City, zip code	2004-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Phone			
City, zip code  OXFORD ME	04210	539 4586			
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY AN	IOTHER			
List the name and address of each employ principal type of economic activity of each en	er from whom you received compensation ployer.	n of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer  BUICDING  FOW TRUCTION			
BARTOW CONSTRUCTION	COBR HICE RA OTOSFIELD				
STATE OF MAINE					
	то постоя с совения <del>в на на на несто</del> постоя остоя на видения на постоя на на нестоя постоя с на	COMMING OF THE PROPERTY OF T			
PART 2 INC	OME DERIVED FROM SELF-EMPLOYME				
	Legislators who are self-employed.)	· · · · · · · · · · · · · · · · · · ·			
<ul> <li>A. List the name and address of your busiderived income. If associated with a partner areas of economic activity of that entity.</li> </ul>	ness, if any, and list the major areas of ship, firm, professional association, or sin	economic activity from which you nilar 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:		e e e e e e e e e e e e e e e e e e e			
Address:	***************************************				
vame:	**************************************	000000000000000000000000000000000000			
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PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYMENT to are self-employed.)	ſ
B. List each source of income derived from self-employment that n is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profit the entity or person from whom the income was derived.	represents more than 10% of your gross in e entity or person from whom you derived fessional ethics, specify only the principal	such income. If this form of I type of economic activity of
Name and Address of Source	Activ	rincipal Type of Economic vity of Entity or Person Who the Source of the Income
Name:	And the second s	Transmiss y many transmissy typhydriaddiain about promise of transmission and a promise and a second and a second about the s
Address:		
Name:	NO.	V (ACATANA) (Standard VIII (Standard Academic Ac
Address:	DANNIA	
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	ries de la companya d	Weight
Address:	All demonstration of contractions of the service of the contraction of	medical management of the control of
Name:	is too visional rules.	
Address:		
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include gifts.	If none, check the box.
None		
Name and Address of Source	<u>(r</u>	Kind of Income rvestments, leases, etc.)
Name:	Printegrande	Marginerius software group of the State of the Communication of the State of the St
Address:	The second of th	
Name:	· tritichen de Andrés	WWW. Comments and
Address:	5 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	: 
	TABLE 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	ore that you received during the reporting relative. If none, check the box	ng period, and list the major
None	COMMISSION CONTRACTOR AND	90000000000000000000000000000000000000
Name and Address of Creditor	Pri	incipal Type of Economic Activity of Creditor
Name:	5-11-11-11-11-11-11-11-11-11-11-11-11-11	
Address:		
Name:		
Address:		
	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more than \$3	300 from a single source. If
None	Natural Property (Control of Market Annual Property (Control of Market Annual Property Control of Market Ann	CONTRACTOR OF CONTRACTOR CONTRACT
Name of Source of Gift	Name of Source of	of Gift
	3.	
2.	4.	4444-84707-2477-200000044-2478

PART 7.	REPORTABLE I	HONO	RARIA				
List the source of any honoraria accepted for appearance	es or speeches rela	ated to y	our off	icial duties. If none, check the box.			
None							
Name of Source of Honoraria			N	ame of Source of Honoraria			
1.	3.						
2.	4.	······································		територия (Соворов на подвиря в подоборов на подвиру на подвирения на подвиру			
PART 8. REPRESE	NTATION BEFO	REST	ATE /	GENCIES			
List each executive branch agency before which you re the box.	presented or assis	ted othe	ers for	compensation of any amount. If none, check			
\(\hat{\Omega}\) None	00000000000000000000000000000000000000	iii	**************************************				
Name of Agency				Name of Agency			
1.	3.						
2.	4.	4.					
PART 9. BUS	SINESS WITH ST	ATE A	GENC	IJEŠ			
List each executive branch agency to which you or a me \$1,000 during the reporting period. If none, check the bo	ember of your imme	diate fa	mily so	ld goods or services with a value in excess of			
None	TATION CONTROL TO THE STATE OF T	Millio American (Christian) (Christian) (C	P. Carlotta de Paris de la companya				
Name of Agency				Name of Agency			
1.	3.						
2.	4.						
PART 10. INCOME RECE	IVED BY MEMBI	ERS O	- IMM	EDIATE FAMILY			
List the type of economic activity representing each sou (ren) during the reporting period and the kind of income "D" for income received by dependents.	urce of income of \$ represented. Do no	1,000 o ot includ	r more le gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Inc	come Received	Cir appro leti	priate	Kind of Income			
1. PAURING	•	<b>(E)</b>	D	EMPLOYMENT			
2.	35500AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	S	D	Market (1000) Ma			
3.	remender et all de distille de samme som en med en	S	D	venter versten in 2000 till det venter ser men men til 200 till det det av versten til 200 till de billen av av venter i 27 till det en sen vent i 27 till de en sen vent i 27 till de en sen vente i 27			
4.	n om med en skilde i de skilde forskelde se skilde het de sen men en e	·S	D	en e			
	SIGNATURE						
A Legislator who willfully fails to file a required state (1 M.R.S.A. § 1017-A)	ment is subject 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 Cor	nmissio	on cond	cludes that it appears that a Legislator has			

The intentional filing of a false statement is a Class E crime. If the Commission concludes 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,

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

///5/09 Date

NAME:	DATE:										in the second of	
ADDRESS:	A COMMISSION OF THE PROPERTY O	MANAGANANANA ARAKA ARAKA MANAGANANANANANANANANANANANANANANANANANA	***************************************	Provider (communicación para com	en e		in (1) <del>ii ii ii</del>	TOTO TO THE STATE OF THE STATE		YEATTER AND EAST OF THE PARTY O	**************************************	and a special section of the special section
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and	on additional	sheets	if needed).	Indicate	the part or	section	number	for the
Part/Section Number												
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