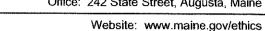
Office: 242 State Street, Augusta, Maine



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 previous	ously filed statement for the calendar year :	2008.								
LEGISLATOR INFORMATION										
Name Anne Mailing address	Haskell ins St.	Member of: ☑ House ☐ Senate District								
City, zip code Partland	Phone 871-5808									
PART 1. INCOME [DERIVED FROM EMPLOYMENT BY ANO	THER								
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	Principal Type of Economic Activity of Employer								
State of Maine	Augusta, ME	Legislator								
		ementerior 5000 o GENORE ASSACIA (Anterior en en en expensor program (ADE EL ACONTROS E.C.). O è abben y expens								

transfer to the contract of th	ME DERIVED FROM SELF-EMPLOYMEN									
A. List the name and address of your busine derived income. If associated with a partnershareas of economic activity of that entity.	egislators who are self-employed.) ess, if any, and list the major areas of echip, firm, 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 DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)							
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profe the entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you c	derived such income. If this form of rincipal type of economic activity of					
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income						
Name:	COLUMN						
Address:	Address of National Contract of Contract o						
Name: Address:	** (WEED VANCE SHEW)						
	REAS OF PRACTICE						
	e attorneys-at-law only.)	American Control of the Control of t					
Name and Address of Firm	Major Areas of Practice of your Major Areas of Practice (self)	i distribution de la compression de la					
Name:		STATISTICS CONTROL AND					
Address:		an orange and a second and a se					
Name: Address:	to the second of	tona charisty venida					
PART 4. OTHER SC	DURGES OF INCOME						
List each source of income of \$1,000 or more not listed in Parts 1, 2							
□ None U.S. Government	<u></u>	cial security					
Name and Address of Source		Kind of Income (investments, leases, etc.)					
Name: Apartment tenants Address: 31 Higgms St., Portland Name: Crovnam Savings Ba	Rental						
Name: Govham Savings Ba Address: 64 Man St., Govhan	nk, NEaluse	Directors Fees					
	ABLE LIABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box	reporting period, and list the major					
☐ None Name and Address of Creditor		Principal Type of Economic					
Name:	And Market (1991) Facilities of the control of the	Activity of Creditor					
Address:							
Name:							
Address:							
PART 6. REPORTABLE GIFTS List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If							
none, check the box	with an aggregate value of more	than \$500 from a single source. If					
☐ None Name of Source of Gift		an karana an					
1.	3.	Source of Gift					
2.	4.	and a reserve the secret from the constitution of the constitutio					

PART 7. REPORT.	ABLE HONO	RARIA						
List the source of any honoraria accepted for appearances or speed	ches related to	your off	icial duties. If none,	check the box.				
None	Angelogica and medical philosophy (Shanna villa angelogica and le and le angelogica and le angelogica and le a	Philippines		tigationing till his die tot tot beschieder besche de beschieder beschieder.				
Name of Source of Honoraria		N	ame of Source of Ho	noraria				
1.	3.	EXIOMORE: Voldonmunoquegggg			66025-8684 - 1914 - 1918 - 1918 (S., 20. S.)			
2.	4.							
PART 8. REPRESENTATION	BEFORE ST	ATE /	AGENCIES	MATCH May (2000)				
List each executive branch agency before which you represented the box.	or assisted oth	ers for	compensation of any	amount. If n	one, check			
None		TO THE POST OF THE		PPRINTEN CONTROL CONTR	POSCOLA CARRELLA MARIA M			
Name of Agency			Name of Agency					
1.	3.							
2.	4.	1965 A COMBAND AND AND AND AND AND AND AND AND AND		the and the second seco	155855811558814844444444444444444444444			
PART 9. BUSINESS W	ITH STATE /	\GEN(CIES					
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.								
None	UUSBEETELE VIII III VIII VIII VIII VIII VIII VI	TILLOS TIBLISTO A CQUIRING A CONTRACT	Propher Particular (Carlotte Carlotte C	1888 1888 1888 1888 1888 1888 1888 188				
Name of Agency			Name of Agency					
1.	3.							
2.	4.	MCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	**************************************	OCCUSIONO CASANTA A CALAMAN A MATERIA PARA PARA PARA PARA PARA PARA PARA P	attendition de une manifest de une reconstruction de construction de construct			
PART 10. INCOME RECEIVED BY I	MEMBERS O	FIMM	EDIATE FAMILY					
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 \$1,000 d d. Do not inclu	or more de gifts	received by your sp . Circle "S" for incom	ouse or deper ne received by	ndent child spouse or			
Type of Economic Activity Representing Source of Income Recei	and the state of t	rcle opriate	Kind	of Income	entralingua entralingua politica de la consta			
, Social Security		iter	Socialse					
1. Civil Cervice Refirement	(s)	D	Relien	ient.				
2 US Army Ret, rement	(S)	D	Refiremen	J	**************************************			
3. State of Maine	<u> </u>	D	Refireme	wt .	-			
4. Nati. Assos of Federal Refirees	. <u>(s</u>)	D	Tramma	8ession	Pers.			
SIGNATURE								
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)								
The intentional filing of a false statement is a Class F crime. If	the Commissi	On con	cludes that it annoa	re that a la-	iolotor b			

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)

Date

NAME:	DATE:													
ADDRESS:	ann	PROTECTION (A CONTRACTOR CONTRACTOR AND A CONTRACTOR	Mende Monardo y voca menuscana		and an annual section of the best to a	TO COMPANY OF THE PARTY OF THE	- 	** (27 CC****** 27 CZ************************************		***************************************	k///k	eccentra considere cumuna secular s	v-vondérenamenten ange a-vond	M Militario († 20. april 1844), de la marcia de la marcia († 20. april 1844), de la marcia († 20. april 1844),
				AD	DITIO	DNAL INF	ORMATIO	V.,,,						Part of Control of Con
Please provide information you	any additional are providing.	information	below	(and o	on a	dditional s	sheets if no	eeded).	Indicate	the	part c	or section	number	for the
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