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)

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 Teresea M. Hau	Member of:				
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Mailing address PO Box 36 7	District 94				
City, zip code Buckfreld	Phone				
PART 1. INCOM	ME DERIVE	D FROM EMPLOYMENT BY ANO	THER		
List the name and address of each emplo principal type of economic activity of each e	oyer from w employer.	whom you received compensation	of \$1,000 or more. Specify the		
Name of Employer		Address	Principal Type of Economic Activity of Employer		
The state of the s		Comment of the second of the s	Grand Maria		
State of Marine Legislature			Covernance/ Policy making		
		RIVED FROM SELF-EMPLOYMEN irs who are self-employed.)	•		
A. List the name and address of your buderived income. If associated with a partrareas of economic activity of that entity.	usiness, if a	any, and list the major areas of ed	conomic activity from which you ar business entity, list the major		
Name and Address of Business Entit	y	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
			pusitios citaty;		
Name: Helyes + Associates	omorphism of the state of the s	Occardian ad litem	Guardian ad litem		
Name: Hayes + Associates Address: POBOX 367 Buckfield	04220	occardian ad litem Services	arregion sens anarem mentenda anarem diskuras per programmenta in mendendia di Libe amandah di mandah dan mengapi me		
	04320		Guardian ad litem		

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 profethe entity or person from whom the income was derived.	epresents more entity or persor	than 10% of your	derived such income. If this for principal type of economic activ	rm of ty of			
Name and Address of Source			Principal Type of Econom Activity of Entity or Person V is the Source of the Incom	Who			
Name:		THE ACTION OF TH		Vent			
Address:		and the second s					
Name:		***************************************		Y			
Address:							
PART 3. MAJOR AI (For Legislators who ar	Congress to cotton a tigar of the grant and the congress of the great front and a feet a terral and	and the second section of the section of the second section of the section of the second section of the second section of the second section of the		A CONTROL OF THE CONT			
List your major areas of practice. If associated with a law firm, list the	he major areas	of practice of your	inderfrom the management of the contract of th				
Name and Address of Firm	N	Major Areas of Prac (self)	ctice Major Areas of Prac (firm)	atice			
Name:	A CONTRACTOR OF THE CONTRACTOR	Balanta da Balanta Balanta da Bal		Overage recovered			
Address:			* Week of the control				
Name:	Printed Total Control	one designed and a second of the second of t	unes y en empreson proprio proprio de compreso de comp	Statement place in the State Communication of th			
Address:	Anada						
PART 4. OTHER SO	The second section of the second section of the second section is						
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this for	rm. Do not include	gifts. If none, check the box.	Province to Laboratoria			
None None							
Name and Address of Source			Kind of Income (investments, leases, etc.	.)			
Name:	New Assessment of the State of		BASMORPH AND THE STATE OF THE S	SASSANSON .			
Address:		**************************************		*			
Name:		, and the second		***************************************			
Address:	· _ ·						
PART 5. REPORT	Harting to the control of the contro						
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	nore that you re relative. If non	ceived during the le, check the box	reporting period, and list the n	najor			
None	CONCRECAL COMMON CONTRACT LA COMMON AND AND AND AND AND AND AND AND AND AN	TOO OF THE PROPERTY OF THE PRO	794 #701587 200609008870342 X4000000440342 X+000000440342 X+000000000000000000000000000000000000	INTERNATION :			
Name and Address of Creditor			Principal Type of Economi Activity of Creditor	ic			
Name:		And service of many					
Address:	T SSBBak V entrant vitariani en			er er construence			
Name:							
Address:	######################################						
PART 6. REPO			2000 (1			
List the specific source of each gift of more than \$300. Include gifts none, check the box	; with an aggreg	jate value of more	than \$300 from a single sourc	e. It			
None	and the state of the	en kannedy (yksiny), y jajon jakonik 1940 is 1941 is 1941 is 1945 ja ja jajon	The second section of the section of the second section of the section of the second section of the				
Name of Source of Gift 1.	3.	Name of S	Source of Gift	6,000			
2.	4.		the boundaries were proportional to the transformation of the control of the co	enelescocycezonz			

PART 7. REPORT List the source of any honoraria accepted for appearances or speed	ABLE HONORARIA							
None	intes related to your official duties. If folie, check the box.							
Name of Source of Honoraria	Name of Source of Honoraria							
1.	3.							
2.	4.							
PART 8. REPRESENTATION	N BEFORE STATE AGENCIES							
List each executive branch agency before which you represented the box.	or assisted others for compensation of any amount. If none, check							
None								
Name of Agency	Name of Agency							
1.	3.							
2.	4.							
PART 9. BUSINESS W	WITH STATE AGENCIES							
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	our immediate family sold goods or services with a value in excess of							
☑ None								
Name of Agency	Name of Agency							
1.	3.							
2.	4.							
PART 10. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE 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.	ome of \$1,000 or more received by your spouse or dependent child be not include gifts. Circle "S" for income received by spouse or							
Type of Economic Activity Representing Source of Income Recei	Circle ived appropriate Kind of Income letter							
1. Psychotherapy	© D insurance payments and co-pays.							
2. White Water rafting	S (1) salary + tips / employment							
3. Breadmaking	s 1 hourly waged/employment							
4. Graduate work study / Assistan	nce S D monthly stipen d/employed							
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 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, 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)

Jusea Maye Signature

1/20/09 Date

NAME:	DATE:											
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ADDITIONAL INFORMATION												
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