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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		() Joan 2000.
LEG	ISLATOR INFORMATION	
Name DAWN HTLL		Member of: Member of: Member of: Member of: Member of: Senate
Mailing address 124 Pine Hive	73	District 149
City, zip code CAPE WELLIZOK,	Phone 207-337-3689	
PART 1. INCOME DER	RIVED FROM EMPLOYMENT B	Y ANOTHER
List the name and address of each employer fro principal type of economic activity of each employe	om whom you received compenser.	sation of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
MMG INSURANCE CO	PRESQUE ISLE,	MEMBER BOARD OF DIRECTORS (10995TATUS)
STATE OF MAINE A	UGUSTA, ME	HOUSE OF REPRESENTATIVES
		THE COLUMN ASSESSMENT AND ASSESSMENT OF THE PROPERTY OF THE COLUMN ASSESSMENT
	DERIVED FROM SELF-EMPLO slators who are self-employed.)	YMENT
A. List the name and address of your business, derived income. If associated with a partnership, areas of economic activity of that entity.	, if any, and list the major area firm, professional association, o	s of economic activity from which you or similar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic A (self)	Major Areas of Economic ctivity Activity (partnership, association or similar business entity)
Name: its a dogs wolf Address: YORK ME	PRES. + DIREC (SERVICE ENTITY)	PTOR CORP.
Name:	And distributions in	

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e	ROM SELF-EMPLOYMENT	
B. List each source of income derived from self-employment that represents is greater, and specify the principal type of economic activity of the entity or public disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	more than 10% of your gross in person from whom you derived thics, specify only the principal	such income. If this form of type of economic activity of
Name and Address of Source	Activ	incipal Type of Economic rity of Entity or Person Who the Source of the Income
Name: $SAME AS A$. Address:		-
Name: Address:	enteres entre en estado en estado en entre en entre en entre entre entre entre entre entre entre entre entre e En entre	Talkan kan matan satat talah menjada kan menjada kan menjada kentan sata dan menjada kentan sata menjada kenta Sata sata sata sata sata sata sata sata
PART 3. MAJOR AREAS OF (For Legislators who are attorneys		
List your major areas of practice. If associated with a law firm, list the major a		The first the second consistent of the consistency
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address: U/4	The analysis of the second section is a second section of the section of the second section of the section of the second section of the section of th	
Name: Address:		
PART 4. OTHER SOURCES	OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	A TANK THE PROPERTY OF THE PRO	If none, check the box,
None	diginam eti 1999 tille dili dan kada meda mina se alahida diliberi diliberi kada admantinam se alahida silberi S	THE RESIDENCE OF THE PROPERTY
Name and Address of Source	(in	Kind of Income evestments, leases, etc.)
Name: Address: U/A	Photographic Control of the Control	
Name:		
Address:		
PART 5. REPORTABLE LL	and the second s	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that ye areas of economic activity of each creditor. Do not list loans from a relative.	ou received during the reportin f none, check the box	g period, and list the major
U None		
Name and Address of Creditor	Por	ncipal Type of Economic Activity of Creditor
Name: Address:	Will displace	
Name:		
Address:	40 00 00 00 00 00 00 00 00 00 00 00 00 0	
PART 6. REPORTABLE	GIFIS	
List the specific source of each gift of more than \$300. Include gifts with an agnone check the box	化对抗性性性 化甲基甲基甲基基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	300 from a single source. If
None		
Name of Source of Gift 1. 3.	Name of Source of	of Gift
2. 4.	вые внемення интернет в при стородо до	TOTAL STREET, A STREET, CONTROL OF THE STREET, CONTROL OF T

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.							
None							
Name of Source of Honoraria	And the second s		N	ame of Source of Honoraria			
1. 1/4	3.	- 10 SE-180000 (188800 - 18-18 - 18 - 18	The Control of the Co				
2.	4.		-				
PART 8. REPRESENTATION							
List each executive branch agency before which you represented the box.	or assiste	ed othe	rs for	compensation of any amount. If none, check			
None	and a second of all and a latter of the second of the seco	wastalanneastalanneastalanneastalanneastalanneastalanneastalanneastalanneastalanneastalanneastalanneastalannea	MISSERY STOLING STANSMISSION				
Name of Agency Name of Agency							
1. V/A	3.						
2.	4.						
PART 9. BUSINESS W	ITH ST	ATE A	GEN(DIES			
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	rmedhacaraine (basarracaau)	pomonous constitues (10).					
Name of Agency				Name of Agency			
1. N/A	3.						
2.	4.						
PART 10. INCOME RÉCEIVED BY I	MEMBE	RS OF	IMM	EDIATE FAMILY			
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.							
Type of Economic Activity Representing Source of Income Recei	ved	Circ approp lett	oriate	Kind of Income			
1. JN+ASSOCIATES YORK ME/LLC		(S)	D	CONSULTANT BENEED			
2.		S	D				
3.	***************************************	S	D	. «Сементо постоя п Сементо постоя пост			
4.	manous succession and a succession of the succes	S	D				
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 Con	nmissic	n con	cludes 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)

Signature

NAME:	DATE:										
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information you	any additional are providing.	information	below	(and on	additional	sheets if needed).	Indicate	the part of	or section	number	for the
Part/Section Number	Programme and the state of the										
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