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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 pre		
	LEGISLATOR INFORMATION	
Name  JON HINC	K	Member of: ☐ House ☐ Senate
Mailing address		District 118
City, zip code PORTLAND	04102	Phone 207 - \$28 - 0995
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each employ principal type of economic activity of each en	er from whom you received compensation poloyer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine	2 State House Station Augusta 04333	Legislature
Lewis Saul & Assocs P.C.	183 middle St., Portland 04101	Lew
	OME DERIVED FROM SELF-EMPLOYMENT Legislators who are self-employed.)	NT
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and list the major areas of earship, firm, professional association, or sim	economic activity from which you ilar 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:		TOTAL MATERIAL CONTROL CONTROL AND AN AND AN ANALYSIS OF CONTROL CONTROL CONTROL CONTROL CONTROL AND AN AN AN AN AN AN AN AN ANTERIOR CONTROL

PART 2 (continued). INCOME DEF (For Legislators who		YMENT
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.	presents more than 10% of you entity or person from whom you	derived such income. If this form of principal 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:	Section 1 and the section of the sec	and the second of the second o
Address:	liktersystem var vilker og en	
Name:		
Address:		VECTOR STATE OF THE PROPERTY O
PART 3. MAJOR AF (For Legislators who are	attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	\$250 Shipping to provide many many last contract of the state of the s	
. Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name: Lewis Saul & Assocs., P.C.		
Name: Lewis Saul & Assocs. P.C. Address: 183 Middle St # 200 Portland a	14101 Mass tort	! mass tort!
Name:	Contract of the Contract of th	- Introduction
Address:		
PART 4. OTHER SO  List each source of income of \$1,000 or more not listed in Parts 1, 2		c aiffe. If none check the hov
None	OF O OF GROTOFFEE STREET, AND COMMENTAL STRE	e ynts. II hole, oleen ele boa.
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	To the second se	·
Address:		
PART 5. REPORTA		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mo 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		484844(PMP) 25:27/100025(MISAN) onter-september (PMP) (MISAN)
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		annot de provincia de la constitució d
Name: Address:		
PART 6. REPOI		
List the specific source of each gift of more than \$300. Include gifts none, check the box	escape property and the control of t	e than \$300 from a single source. If
☑ None		and the second second section of the second
Name of Source of Gift  1.	Name of 3.	Source of Gift
2.	4.	\$\tag{\text{2007}\text
	7.	

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PART 7. REPORT	ABLE	IONOF	RARIA		
List the source of any honoraria accepted for appearances or speed	ches rela	ted to y	our of	icial duties. If none, check the box.	
☑ None  Name of Source of Honoraria	nag Jawa di Sanara (N) na Nasi Pramara				
1.	3.		N	ame of Source of Honoraria	
	J.	. 500000e654 v.2 65035435 e6 ee	owenessament of the continuous	**************************************	
2.	4.	Marie Control			
PART 8. REPRESENTATION					
List each executive branch agency before which you represented the box.	or assist	ed othe	rs for	compensation of any amount. If none, check	
None			Oddinovi oznace o o oznace o o oznace o oznace o oznace o oznace o oznace o o oznace o o oznace o oznace o oznace		
Name of Agency				Name of Agency	
1.	3.				
2.	4.				
PART 9. BUSINESS W	ITH ST	ATE A	GENO	ES	
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immed	diate fai	mily so	old goods or services with a value in excess of	
None	terrence de l'indicate d'Algebri de englisses	de en la companya de	····	H-Materia, saanasaan saasaa ka k	
Name of Agency		III. TORONIA IA IA ANGERO GROSSO	-ilooyallorgy, style	Name of Agency	
1.	3.				
2.	4.		<i>Managereum</i>	**************************************	
PART 10. INCOME RECEIVED BY	МЕМВЕ	RS OF	- IMM	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.	ome of \$1 d. 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 Income Recei	ived	Circ appro lett	priate	Kind of Income	
1. Law Practice (S)		(s $)$	D	Profit Sharing of Partnership	
2.	o co de de company co	S	D		
3.	33 6 10 5 A A A A A A A A A A A A A A A A A A	s	D	The second secon	
4.	2000 000 000 000 000 000 000 000 000 00	S	D	A CONTRACT OF THE CONTRACT OF	
SIGNA	\TURE				
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject 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 Con	nmissic	on 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)

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