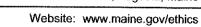
Office: 242 State Street, Augusta, Maine





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.

	LECICI ATOD INFORMATION	And the second s	
	LEGISLATOR INFORMATION		
Name REBERT HONT		Member of:  ☑ House ☐ Senate	
REBERT HONT  Mailing address  128 DEPOT STREET	District 13 /		
City, zip code BUXTON, OVO	Phone 287-785-5476		
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employed principal type of economic activity of each employed principal type of economic activities activi	er from whom you received compensation aployer.	of \$1,000 or more. Specify the	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
MSAD G	BAR MILLS, ME OYOUN	TEACHER/ SCHOOL	
		THE CHARGE AND ASSESSED TO SERVICE OF THE CHARGE AND ASSESSED TO SERVICE AND A	
	OME DERIVED FROM SELF-EMPLOYMEN		
A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity.	Legislators who are self-employed.) ness, if any, and list the major areas of ecship, firm, professional association, or simil	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:		A CONTRACTOR OF THE PROPERTY O	
Name:	CTTCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	The state of the s	
Address:	f control of the cont	á d	

PART 2 (continued). I	NCOME DERIVED FROM Legislators who are self-employed	SELF-EMPLOYMENT	
B. List each source of income derived from self-empl is greater, and specify the principal type of economic disclosure is prohibited by law, rule, or an established the entity or person from whom the income was derive	oyment that represents more activity of the entity or person dode of professional ethics.	than 10% of your gross inco from whom you derived suc specify only the principal typ	ch income. If this form of be of economic activity of
Name and Address	s of Source	Activity	pal Type of Economic of Entity or Person Who Source of the Income
Name: .			той в 14 м выполнения почения и 12 м Ф. година почения почения почения 125, 1974 саны оченивания.
Address:		PDV Poliwool (4)	
Name:		Matthewstern Annual Commerce on the State of Sta	eritimen et riterat de secreta i et seconomien en leve place et de filosocio seconomien en en ejempe
Address:			
	. MAJOR AREAS OF PRA		
(For Leg List your major areas of practice. If associated with a	gislators who are attorneys-at-law law firm, list the major areas o		
Name and Address of Firm	evilance al managlación (ejigigan) amigra hamas escal de establicado de la comercia de escala de la filidad de	consideration by the state of the second of	Major Areas of Practice (firm)
Name:	ac is the charter	WO HASHAW	
Address:	To the control of the		
Name:	*NHAMETON M	es esta esta esta esta esta esta esta es	20000000000000000000000000000000000000
Address:	Estiblish ANN	· · · · · · · · · · · · · · · · · · ·	
	OTHER SOURCES OF IN	The state of the s	
List each source of income of \$1,000 or more not liste	d in Parts 1, 2, or 3 of this form	n. Do not include gifts. If no	one, check the box.
☐ None			одинен и доминический должного и у чение и чение нечения в дода у уделический симетем и нечений держившения.
Name and Address	of Source		Kind of Income stments, leases, etc.)
Name:		The manager of the state of the	
Address:	**************************************		
Name:		ti Kabu ti di	
Address:		H LA ANNA LA LA	
	5. REPORTABLE LIABILI		
List the names of creditors for any <u>unsecured</u> loans o areas of economic activity of each creditor. Do not list	f \$3,000 or more that you rec loans from a relative. If none	eived during the reporting p , check the box	period, and list the major
☐ None	A Standard and an angle of the standard of the	and a second finished representatives the second of the se	annan de la companya
Name and Address	of Creditor		oal Type of Economic ctivity of Creditor
Name: TD BANK NORTH		BA	JK/
Name: TD BANK NORTH Address: P.O. BOX 8400 LEWISTON	ME 04243	C.	un/
Name:		Norman	
Address:			
PAR	RT 6. REPORTABLE GIFT	S	
List the specific source of each gift of more than \$300. none, check the box	A CONTRACTOR OF THE CONTRACTOR	NA KAMBANI AND AND AND BARBARAN AND AND AND AND AND AND AND AND AND A	from a single source. If
None			
Name of Source of Gift 1.	3.	Name of Source of G	
2.	4.	**************************************	

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PART 7. REPORT	ABLE H	ONOI	RARIA	
List the source of any honoraria accepted for appearances or speed	ches relate	ed 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.		ere and a second second	Commission of the commission o
PART 8. REPRESENTATION	N BEFOR	REST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	or assiste	d othe	ers for	compensation of any amount. If none, check
☑ None		COMPLY STITUTE STATE OF THE STA		
Name of Agency				Name of Agency
1.	3.			
2.	4.	itiliain tiliumaaa uu aana	in a second constitution of the second constitut	
PART 9. BUSINESS W	VITH STA	TE A	GEN	CIES
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.				
None	terioren och bleg eringt eft eggent i 25 f. spinning. 25 f. sp	CCSRUIO de la companione de la companion		
Name of Agency			***************************************	Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY	MEMBEI	RS 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.	ome of \$1, ed. Do not	,000 o includ	r more de 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	Cir	priate	Kind of Income
1.		S S	ter D	
2.	***************************************	S	D	
3.		S	D	Committee of the Commit
4.		S	D	
SIGNA	ATURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a	a fine	of \$1	O per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Com	missio	on con neral.	cludes that it appears that a Legislator has

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)

 Z/1/ If
 Z/1/09

 Signature
 Date

ADDITIONAL INFORMATION	
ADDITIONAL INFORMATION	
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section numinformation you are providing.	ber for the
Part/Section Number	
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