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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 previously filed statement for the calendar year 2008.									
LEGISLATOR INFORMATION									
Name Melissa Walsh	Innes	Member of: ☐ House ☐ Senate							
Mailing address 400 East Elm S	freet	District 107							
City, zip code Yarmouth, ME O	1096	Phone 846-3877							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER									
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							
Town of Yarmouth, Mc Yarmouth Public Schools Yo	cartney street which, ME 04096	Public School							
		тогорования неприняти в постоя с 104 на на не не не не простоя обостоя на него постоя в него постоя на пост							
		and delicate any major common Color (Color Maries et a) major control (Color Maries et a) government and an and an analysis and analysis and an analysis and a							
PART 2. INCOME DEF	RIVED FROM SELF-EMPLOYMENT								
(For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)							
Name:		generalises at terminalism of the first terminalism of the second							
Address: Name:	Congression and Control and Co								
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 represents more than 10% of you is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the the entity or person from whom the income was derived.	u 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:	TO PROJECTIVE						
Address: .							
Name:							
Address:							
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)							
List your major areas of practice. If associated with a law firm, list the major areas of practice of yo	our firm.						
Name and Address of Firm Major Areas of Pr (self)	ractice Major Areas of Practice (firm)						
Name:	Sandahanda di Amerikan da a						
Address:	a vv						
Name:	SPANYCOSOMO (Silico posicio con con con con con con con con con co						
Address:	THE STATE OF THE S						
PART 4. OTHER SOURCES OF INCOME							
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include the property of the	de gifts. If none, check the box.						
None	•						
Name and Address of Source	Kind of Income (investments, leases, etc.)						
Name:	THE RESERVE THE PROPERTY OF TH						
Address:							
Name:	All to despite the latest the lat						
Address:	in in						
PART 5. REPORTABLE LIABILITIES							
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	e reporting period, and list the major						
None							
Name and Address of Creditor	Principal Type of Economic Activity of Creditor						
Name:	* A A A A A A A A A A A A A A A A A A A						
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 none, check the box	re than \$300 from a single source. If						
Whone	Distribution to the contract of the contract						
Name of Source of Gift Name of 3.	f Source of Gift						
2. 4.	Niles where the new restaurable programmer and the second						

PART 7. REPORTABLE HONORARIA									
List the source of any honoraria accepted for appearances or speed	es related to your official duties. If none, check the bo	DX.							
None		New York Control of the Control of t							
Name of Source of Honoraria	Name of Source of Honoraria	Control of the contro							
1.	3.								
2.	4.	Solition recommended responsible to retrieved and Account Sec. As retain to							
	BEFORE STATE AGENCIES								
List each executive branch agency before which you represented the box.	assisted others for compensation of any amount. If	none, check							
None	Additional description (CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	CONTRACTOR AND							
Name of Agency	Name of Agency								
1.	3.	aalahiid dah tilada liitaan kanningti piitamaa kannin saa.							
	$oldsymbol{4},$								
PART 9. BUSINESS W									
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	immediate family sold goods or services with a value	in excess of							
None	nderechnikeler historium museum vein veigeneigenet die answereich verein verein verein der sent der se	0.00.000.000.000.000.0000.0000.0000.0000							
Name of Agency	Name of Agency	The state of the s							
1.	3.								
2.	4.	policie SSA dela falla del ante una en en grantesia con custo con del cincia socio							
PART 10. INCOME RECEIVED BY	EMBERS 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.	ne of \$1,000 or more received by your shouse or den	endent child by spouse or							
Type of Economic Activity Representing Source of Income Recei	Circle ed appropriate Kind of Income letter								
1. Social Service Agency	(s) Dearned Sala	iry							
2.	s D								
3.	S D	SEASON AND THE CONTRACTOR OF T							
4.	S D	35000-AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA							
SIGNA	IRE								
A Legislator who willfully fails to file a required statement is suit (1 M.R.S.A. § 1017-A)		port 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	ne Commission concludes that it appears that a Le	egislator has							
william thou a raise statement, it shall refer its inturings of ractio ti	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

Date

NAME:	DATE:									latinervenemen (ridenings); syrunmilistettä			
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Please provide information you	any additional are providing.	information	below	(and or	additional	sheets	if needed).	Indicate	the	part o	r section	number	for the
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