Office: 242 State Street, Augusta, Maine



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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 PAT JONES	Member of: ☐ Senate								
Mailing address 172 Wings Mil	District # \$3								
City, zip code Mt. Vehnan	Phone 207 685-4006								
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	Principal Type of Economic Activity of Employer								
Maine State Au Legislature Au	gusta Maine	Policy Making							
		TOWN TO THE TOWN TO THE TOWN T							
PART 2. INCOME DERIVED 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:	To make the control of the control o	29 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
Address:	Security Security (Security Security Se								
Name:		are the second s							
Address:	a fi								

PART 2 (continued). INCOME DE (For Legislators who	RIVED FROM SELF-EMPLO o are self-employed.)	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.	epresents more than 10% of you entity or person from whom you	derived such income. If this form of		
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:		- Parkayan da Karana		
Address:	kaning menangi paggan jelahan perjambah penanggan penanggan penanggan penanggan penanggan penanggan penanggan p			
Name:		· · · · · · · · · · · · · · · · · · ·		
Address:				
	REAS OF PRACTICE e attorneys-at-law only.)			
List your major areas of practice. If associated with a law firm, list the	The state of the s	r firm.		
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)		
Name:	recent and the substitution and the substitution of the substituti			
Address:	5 5 6 7 8 8			
Name:	las de en versional da			
Address:	The state of the s			
PART 4. OTHER SO	ACTION AND A SECTION OF THE SECTION AND A SECTION ASSESSMENT AND ASSESSMENT OF THE SECTION ASSESSMENT OF THE PROPERTY OF THE P			
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not includ	e gifts. If none, check the box.		
None				
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name: Malno State State	AMCS			
Address: Retir	ement	Ketivement		
Name:				
Address:				
PART 5. REPORT	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	ore that you received during the relative. If none, check the box.	reporting period, and list the major		
None	CONTROL AND MAIN AND AND AND AND AND AND AND AND AND AN	kuman napagan napagan sa		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:		1 (Western Van der Art Color Van der V		
Address:				
Name:	· · · · · · · · · · · · · · · · · · ·	erentritati in Alla Balaka kan kan arawa ga ya maraya ya ga ya ka		
Address:				
PART 6. REPO				
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	than \$300 from a single source. If		
None				
Name of Source of Gift 1.	Name of 3.	Source of Gift		
2.	300000 meningan menengan mengan m 4.	Managari Mahasa asa asa ang ang ang ang ang ang ang ang ang an		

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PART 7. REPORTA	BLE HONO	RARIA	
List the source of any honoraria accepted for appearances or speech	es related to	your off	icial duties. If none, check the box.
None			
Name of Source of Honoraria		N	ame of Source of Honoraria
1.	3.	Madica Anger	
2.	4.		
PART 8. REPRESENTATION	BEFORE S	TATE /	AGENCIES
List each executive branch agency before which you represented or the box.	r assisted oth	ers for	compensation of any amount. If none, check
☐ None	A A A A A A A A A A A A A A A A A A A	ON THE MINISTER STATE OF THE PARTY OF THE PA	
Name of Agency			Name of Agency
1.	3.		
2.	4.	AAAAAAAAAAA	
PART 9. BUSINESS WI	TH STATE	AGENO	CIES
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	r immediate f	amily so	old 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 M	IEMBERS C)F IMM	EDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,000 . Do not inclu	or more	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Receiv	ed appr	ircle opriate itter	Kind of Income
1.	S	D	
2.	S	D	
3.	**************************************	D	The state of the s
4.	S	D	
SIGNA	TURE		
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	pject to a fin	e of \$1	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	he Commiss e Attorney G	ion cor eneral	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest of question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	o file a requir on every que	ed stat	and shall be precluded from voting on any
LA Den.		Ð	1/7/09

Signature

Date

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