Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics 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.

	LEGISLA	ATOR INFORMATION					
Name Mailing address T. D. Boo 18	2		Member of: House District	☐ Senate			
City, zip code	47	Phone (2x7) 463-2507					
PART 1. INC	OME DERIVE	D FROM EMPLOYMENT BY ANO	THER				
List the name and address of each em principal type of economic activity of each	ployer from w n employer.	hom you received compensation of	of \$1,000 or mo	ore. Specify the			
Name of Employer		Address		Principal Type of Economic Activity of Employer			
CRAWFORD LOMES		300 399 ULTOM, ME. OKTES	MOBILE + MODULAR				
TORTOOOSSIONETONETON TO BENEVER FRON MET AND THE TORTOOTS TO TORTOON TO BENEVER AND THE TORTOON TO TORTOON TO TORTOON TO THE T							
		RIVED FROM SELF-EMPLOYMENTS who are self-employed.)					
A. List the name and address of your derived income. If associated with a pa areas of economic activity of that entity.	business, if a rtnership, firm	ny, and list the major areas of ec , professional association, or simila	onomic activity ar business enti	from which you ty, list the major			
Name and Address of Business En	iffy	Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)			
Name: Address:	N/A		22.2				
Name:			-	and the second s			

PART 2 (ca	ontinued). INCOME DERIVED (For Legislators who are se	FROM SELF-EMPLO	YMENT				
B. List each source of income derived fi is greater, and specify the principal type disclosure is prohibited by law, rule, or a the entity or person from whom the income	from self-employment that represer e of economic activity of the entity of an established code of professiona	nts more than 10% of your	derived such income. If this form of				
Name	Name and Address of Source						
Name:	N	/A	- MARKESTAN				
Address:	······································	The state of the s					
Name:			·				
Address:							
	PART 3. MAJOR AREAS (For Legislators who are attorn						
List your major areas of practice. If asso			r firm.				
Name and Addr	ress of Firm	Major Areas of Pra (self) -	ctice Major Areas of Practice (firm)				
Name:	15/4	A CONTRACTOR OF THE CONTRACTOR	WALLY.				
Address:		New Constants possible for the constants of the constant of the constants of the constant of the	William Commence				
• описот по при	TO BUILDING BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO	CONTINUES OF THE STATE OF THE S	mmakkin protest til et til				
Address:		Classical Review Control					
	PART 4. OTHER SOURCE	S OF INCOME					
List each source of income of \$1,000 or		Anternation for the standard of the standard o	e gifts. If none, check the box.				
None	Andrews and the state of the st	Anna da anna anna anna anna anna anna an	SAL SA				
	e and Address of Source		Kind of Income (investments, leases, etc.)				
Name: MS	RS HATE		PENSION				
Address: Asset & Duc u	sa, We						
Name: Sec. ADN			SOC SECURITY				
Address: Wysylveton	<u>D</u> .c.	-	: 1				
	PART 5. REPORTABLE						
List the names of creditors for any unseareas of economic activity of each credit	<u>ecured</u> loans of \$3,000 or more that tor. Do not list loans from a relative	at you received during the e. If none, check the box	reporting period, and list the major				
None	and the second s	AND	(5000000000000000000000000000000000000				
Name	and Address of Creditor	Act of the Conference of the Conference on the C	Principal Type of Economic Activity of Creditor				
Name:	NIA	Marie	Author Crounds				
Address:		AM BERTALDA					
Name:	AND THE PROPERTY OF THE STATE O		TRESH MATERIAL AND				
Address:		distribution					
	PART 6. REPORTAB	ILE:GIFTS					
List the specific source of each gift of monone, check the box			than \$300 from a single source. If				
☑ None	VAD:001700300000-00000-000-000-000-000-000-000-	ACCOMPANIES CONTROL CO					
Name of Source of 1.	f Gift 3.	Name of s	Source of Gift				
2.	4.	PYTER TOTAL METERS AND TOTAL CONTROL AND	, meta-was analysis sayof it you did for the your consistence of the same of t				

	PART 7. REPORTABLE HO	ONC	RARIA	
List the source of any honoraria accepte	d for appearances or speeches relate	d to y	our officia	duties. If none, check the box.
None			er amerika di kalendaria da da ara kalendaria da da ara kalendaria da da ara kalendaria da da da da da da da d	
Name of Source of Ho	onoraria		Nam	of Source of Honoraria
1.	3.	100 J ~ 2004 Se-1		
2.	4.		-	- ************************************
PAR1	8. REPRESENTATION BEFOR	E ST	ATE AGI	NCIES
List each executive branch agency before the box.	ore which you represented or assisted	d othe	ers for con	pensation of any amount. If none, check
None		nerraniaeeaenan.	Cuttini Universa versa con escreta e e e e e e e e e e e e e e e e e e	
Name of Agenc	y			Name of Agency
1.	3.			
2.	4.	MP volatiliti volatuliuu	UUSASA maada maada maada maayay ay ay ahaa ka ahaa ahaa ahaa ahaa	anderen de de servicio de la companya del la companya de la companya del la companya de la compa
	PART 9. BUSINESS WITH STA	TE A	GENCIE	
List each executive branch agency to wh \$1,000 during the reporting period. If no	nich you or a member of your immedia ne, check the box.	ate fa	mily sold g	oods or services with a value in excess of
None	tille film til til til store om om om en	an de la composition	. A. Caracillo C	SALUMBERS STATE AND
Name of Agenc	2			Name of Agency
Name of Agenc	3.	DE NY DELVINOREN		Name of Agency
and the property of the state o				Name of Agency
1.	3.	Sign		
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1. 2. PART 10. In List the type of economic activity repres (ren) during the reporting period and the	3. 4. **COME RECEIVED BY MEMBER enting each source of income of \$1,0 kind of income represented. Do not	000 o includ Cin	r more red le gifts. C cle priate	ATE FAMILY eived by your spouse or dependent child
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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 Commission concludes 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

Date

NAME:	DATE:													
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ADDITIONAL INFORMATION														
Please provide information you a	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the	part or	section	number	for th	ne
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