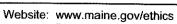
Office: 242 State Street, Augusta, Maine



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.

☐ Please check if this is an update to a previously file	ed statement for the calendar year:	2008						
LEGISLATOR INFORMATION								
Name BRYAN KAENRA	H++++	Member of: ☐ House ☐ Senate						
Mailing address August 2/68		District /2 Y						
City, zip code S. Partland ME	Phone 469 - 713 7							
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANO	THER						
List the name and address of each employer from warring principal type of economic activity of each employer.	whom you received compensation of	of \$1,000 or more. Specify the						
Name of Employer	-Address	Principal Type of Economic Activity of Employer						
Maire Levislatore								
	,	TOTAL TOTAL CONTROL CO						
	nneconomicano CSBB de America en como CBB / 2019 de Seña em compos CSB Adultinia e em empreso a como CSB / CBB / C	PROTECTION CONTROL CONTROL AND AN AREA OF THE CONTROL						
PART 2. INCOME DER (For Legislato	RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)							
A. List the name and address of your business, if a derived income. If associated with a partnership, firm areas of economic activity of that entity.	inv. and list the major areas of ec	onomic 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:	The state of the s	rest et monet en transmissioner monet de li tte en la sociation a social de de la fill de en la sociation de la sociation d						
Name: Address:	were the manufacture of the state of the sta	The second secon						

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 is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of pro the entity or person from whom the income was derived.	represents more than 10% of you	derived such income. If this for	orm of				
Name and Address of Source		Principal Type of Econor Activity of Entity or Person is the Source of the Incor	Who				
Name:	aks diminishingun yayanga 1999 di di ina oleh ini ini ini ina antang Andha Ebdaidh Anaidh Canasaga na Agana,	del Balance and de Colonia provincia del control de Arabica de Colonia de Col	<u> 12.000,000,000</u>				
Address:		17.4					
Name:		To be a series of the second s	electric de manuer commune				
Address:		Solver of the so					
	REAS OF PRACTICE						
List your major areas of practice. If associated with a law firm, list	and the second s	ur firm.	to the state of th				
Name and Address of Firm	Major Areas of Pra (self)	ractice Major Areas of Pra	ctice				
Name:		ana ana ana ana ana ana ana ang ana ana	MANAGEMENT OF THE				
Address:	s Shifting to the sea to	Weeth Assets					
Name:	OTTO DESCRIPTION OF THE PROPERTY OF THE PROPER	ONE TO THE COLOR AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	XXXXXXIII				
Address:	or had been seen as the seen a	410000000000000000000000000000000000000					
	OURCES OF INCOME		The second secon				
List each source of income of \$1,000 or more not listed in Parts 1,	2, or 3 of this form. Do not includ	de gifts. If none, check the box					
None	and granders for the second contract of the s		22.000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000 -				
Name and Address of Source		Kind of Income (investments, leases, etc	5)				
Name: Valley Mational Bank Address: Wagne, No		Investments	Section Control of the Control of th				
Name:		MMC Settlement and an annual property and all and all all and an annual property and an annual and an analysis	noment of participation of the second				
Address:							
	ABLE LIABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	nore that you received during the relative. If none, check the box.	e reporting period, and list the i	major				
□ None	er veren til statiske skullation i Littlere de mengel er graphet er til ett til skulla ble de menemen en graphet er til skulla	-Charlest property and control of the control of th	zpienowane.comer.				
Name and Address of Creditor		Principal Type of Econom Activity of Creditor	1ic				
Name:							
Address:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		¥¥\$00000000000000000000000000000000000				
Name:							
Address:							
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	DRTABLE GIFTS s with an aggregate value of more	e than \$300 from a single source	ce. If				
☐ None	1991 Mallanus ann ann ann an Taigeach Malland Malland Malland Albanda ann ann an Aireann ann an Aireann ann ann an Aireann ann ann ann ann ann ann ann ann ann	VIII SISIAAA Araba Marka araba araba qoo qoo qoo qoo qoo qoo qoo qoo qoo qo	***************************************				
Name of Source of Gift 1.	Name of 3.	f Source of Gift					
2.	4.	30000000000000000000000000000000000000	vesselvold olishesedd black				

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	RT 7. REPORTABLE HONORARIA	The control of the co
List the source of any honoraria accepted for ap	pearances or speeches related to your official duties. If none, check the box.	
None		Appropriate The House
Name of Source of Honoraria	Name of Source of Honoraria	ACTOR
1. ———————————————————————————————————	3.	
2.	4.	#POVATIONAL IV.
	PRESENTATION BEFORE STATE AGENCIES	
List each executive branch agency before which the box.	you represented or assisted others for compensation of any amount. If non-	e, check
None		5569454545544456alovvonanasyyeen
Name of Agency	Name of Agency	
1.	3.	
2.	4.	SUBLANDICATION CONTRACTOR STATES
PARI	9. BUSINESS WITH STATE AGENCIES	
List each executive branch agency to which you \$1,000 during the reporting period. If none, che	or a member of your immediate family sold goods or services with a value in e.k the box.	xcess of
☐ None		makka afakuna firik ni kalendara ambilikiliya dagigi
Name of Agency	Name of Agency	
1.	3.	
2.	4.	
PART 10. INCOM	RECEIVED BY MEMBERS OF IMMEDIATE FAMILY	
List the type of economic activity representing	ach source of income of \$1,000 or more received by your spouse or dependenceme represented. Do not include gifts. Circle "S" for income received by sp	ent child oouse or
List the type of economic activity representing (ren) during the reporting period and the kind of	ach source of income of \$1,000 or more received by your spouse or dependenceme represented. Do not include gifts. Circle "S" for income received by spource.	ent child couse or
List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents.	ach source of income of \$1,000 or more received by your spouse or dependenceme represented. Do not include gifts. Circle "S" for income received by spouse of Income Received appropriate Kind of Income	ent child bouse or
List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents. Type of Economic Activity Representing Source.	ach source of income of \$1,000 or more received by your spouse or dependenceme represented. Do not include gifts. Circle "S" for income received by spouse of Income Received Circle appropriate Kind of Income letter	ent child bouse or
List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents. Type of Economic Activity Representing Soul	ach source of income of \$1,000 or more received by your spouse or dependenceme represented. Do not include gifts. Circle "S" for income received by spouse of Income Received Circle appropriate Kind of Income letter S D	ent child pouse or
List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents. Type of Economic Activity Representing Source. 1.	ach source of income of \$1,000 or more received by your spouse or dependencement represented. Do not include gifts. Circle "S" for income received by spot se of Income Received Circle appropriate letter S D S D	ent child bouse or
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List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents. Type of Economic Activity Representing Source. 1. 2. 3. 4. A Legislator who willfully fails to file a require (1 M.R.S.A. § 1017-A)	ach source of income of \$1,000 or more received by your spouse or dependencement represented. Do not include gifts. Circle "S" for income received by spouse of Income Received S D S D S D S D S D S D S D S D S D S	is filed.
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List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents. Type of Economic Activity Representing Source. 1. 2. 3. 4. A Legislator who willfully fails to file a require (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a willfully filed a false statement, it shall refer its lift the Commission determines that a Legislator the Legislator shall be presumed to have a	ach source of income of \$1,000 or more received by your spouse or dependence ncome represented. Do not include gifts. Circle "S" for income received by spouse or dependence of spouse or dependence income represented. Do not include gifts. Circle "S" for income received by spouse or dependence income received by spouse or dependence income received by spouse or dependence income received by spouse income received by spouse or dependence income	is filed.

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