

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.

☐ Please check if this is an update to a previously fil	led statement for the calendar yea	r 2008.					
LEGISL	ATOR INFORMATION						
Name PETER KENT		Member of:					
Mailing address 82 Joseph Mains Ri.	ementencerenum en energi i consectation developpilation proprietation proprietation proprietation actività latin	District 65					
City, zip code WooLwich	04579	Phone 207-44 2-9255					
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY AN	OTHER					
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					
AMBRIDATE R. P. A. BERT TO D. D. P. S. BERT TO D.	M B ALAAA WA W W W SHEWATSTON W N AAA TO HENNE MANNAA SHEYIY						
(For Legislate A. List the name and address of your business, if	RIVED FROM SELF-EMPLOYME ors who are self-employed.) any, and list the major areas of	economic activity from which you					
derived income. If associated with a partnership, firr areas of economic activity of that entity.	m, professional association, or sin						
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:	e sale sale e e e e e e e e e e e e e e e e e e						
Name: Address:							

	ME DERIVED FROM SELF-EMPLO lators who are self-employed.)	OYMENT
B. List each source of income derived from self-employmer is greater, and specify the principal type of economic activity disclosure is prohibited by law, rule, or an established code the entity or person from whom the income was derived.	y of the entity or person from whom you	ou derived such income. If this form e principal type of economic activity
Name and Address of So	ource ·	Principal Type of Economic Activity of Entity or Person Wh
and the second of the second o		is the Source of the Income
Name:		
Address:	attagganik keli unjuktiji da losiisi intersitutus austuvini olokuku olokuki olokuki interso esasti intersitut j	######################################
Name:		
Address:		
(For Legislator	JOR AREAS OF PRACTICE is who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law fir	rm, list the major areas of practice of yo Major Areas of P	and the contract of the contra
Name and Address of Firm	(self)	(firm)
Name:		¥
Address:		
Name:	•	
Address:		
PART 4. OTH	HER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in P	arts 1, 2, or 3 of this form. Do not inclu	ude gifts. If none, check the box.
Name and Address of So. Name: Address:	ource	Kind of Income (investments, leases, etc.)
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Address:		•
PART 5. RI	EPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,0 areas of economic activity of each creditor. Do not list loans	000 or more that you received during the sfrom a relative. If none, check the bo	he reporting period, and list the majox
None November 1 - None Note that the state of the state	(m. 2017 - 1817 a V 1880 pok 2000 1880 filig Litalous, resolvando haralm had el resilvado contra contrativo resolvante e el estrato.	makan ka manan da kapan mangan da da kanan da da ka
Name and Address of Cre	editor	Principal Type of Economic Activity of Creditor
Name: Address:	an the gray a side of the graphical conditional state of the side of the condition of the c	
Name:	and the second s	1
Address:		: : :
PART 6.	REPORTABLE GIFTS	
e [*]		
	ude gifts with an aggregate value of mo	ore than \$300 from a single source.
none, check the box	ude gifts with an aggregate value of mo	ore than \$300 from a single source.
		ore than \$300 from a single source. of Source of Gift
and the second of the second o		

PART 7. REPORTA List the source of any honoraria accepted for appearances or speech			
\$\rms\rms\rms\rms\rms\rms\rms\rms\rms\rms	es relateu to :	Oul OI	inclai duties. If note, check the box.
Name of Source of Honoraria		Ň	lame of Source of Honoraria
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2.	4.		ки», эм мунунийн 1884 г. и. 1870 (1616 байнын өө өөнөө байный байнын түүн байнын түү төвөө 1880 г. 1884 байнын ба
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PART 8. REPRESENTATION I List each executive branch agency before which you represented or			
the box:	yww.aure.com.com/com/com/com/com/com/com/com/com/com/	bradis antica e orbitalistica del	
None v			and the second s
Name of Agency			Name of Agency
1,	3. ·	one and a section of the section of	
2.	4.		
PART 9. BUSINESS WI	TH STATE	GEN	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.	immediate fa	mily s	old goods or services with a value in excess of
	unament er fra veren for Allerbakkin Allerbakkin ett ett anskal	ED LIVER SELECTED AND SERVICES	
Name of Agency			Name of Agency
E. E. L. A. Communication S. C.	3.		
wayooyayaasaa a qooqaay, waahaayaa iigagaaayaayaaaayaayaaaayaa waaaaaaa iiraa kaadaa kaadaa haadaa haadaa haadaa kaadaa k	4.	***************************************	
DART 40 INCOME RECEIVED BY M	EMPERS C	C 1848	ACDIATE CAMILY
List the type of economic activity representing each source of incom (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1,000	or mor	e received by your spouse or dependent child
List the type of economic activity representing each source of incom	ne of \$1,000 of Do not included	or more de gift rcle opriate	e received by your spouse or dependent child
List the type of economic activity representing each source of incom (ren) during the reporting period and the kind of income represented. "D" for income received by dependents. Type of Economic Activity Representing Source of Income Received	ne of \$1,000 of Do not included	or more de gift	e received by your spouse or dependent child s. Circle "S" for income received by spouse or Kind of Income
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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. Type of Economic Activity Representing Source of Income Received. 1. Work - NORSE PRACTITIONER 2. 3. 4. SIGNAT A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the lift 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	se of \$1,000 control included appropriate of \$1,000 contr	or monde gifts role oppriate tter D D on coeneral ed statestion	E received by your spouse or dependent child s. Circle "S" for income received by spouse or Kind of Income **MoWEY** 10 per business day until the report is filed. Includes that it appears that a Legislator has tement or has willfully filed a false statement, and shall be precluded from voting on any

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