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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 <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 17, 2009**.

LEGISL	ATOR INFORMATION				
Name		Member of:			
JANE S KNAPP		Æ House.	☐ Senate		
Mailing address		District	704.048.040.000 (mineraturus)		
P 0 Box 5 11		129			
City, zip code)	7	Phone			
Gorham, Me 04038	\$	20783	39-3880		
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY ANO	THER			
ist the name and address of each employer from principal type of economic activity of each employer.	whom you received compensation of	of \$1,000 or mo	ore. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer			
Town of Gorlan Sou	th St hom, Me 04038	Town Courcel Menber			
THE PROPERTY OF THE PROPERTY O					
	RIVED FROM SELF-EMPLOYMEN ors who are self-employed.)	T			
A. List the name and address of your business, if derived income. If associated with a partnership, firr areas of economic activity of that entity.	any, and list the major areas of ed m, professional association, or simila	onomic activity ar business enti	from which you ty, list the major		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic citivity sociation or similar ess entity)		
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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 re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profithe entity or person from whom the income was derived.	represents more than 10% of your g	erived such income. If this form of incipal 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:	"HIPAMA PARA	Shadhan sideirinnen deli sissem y pepergi yar eta 1975an hannan yara eta						
Address:								
Name:	Veriller	•						
Address:								
(For Legislators who ar	REAS OF PRACTICE re attorneys-at-law only.)							
List your major areas of practice. If associated with a law firm, list t		entering the second control of the second co						
Name and Address of Firm	Major Areas of Practi (self)	tice Major Areas of Practice (firm)						
Name:	nie zoranne octabil.	monthly representations of the control of the contr						
Address:	COC CICLO CONTRACTOR C	PROTOCOGNOGNOSCO, COMMINIO PROTOCOGNOSCO CONTRACTOR CON						
Name:	n anticultribules	And the second s						
Address:		ACCENTAGE						
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME 2. or 3 of this form. Do not include a	cifts. If none check the hox						
□ None	2.3 OF OF THE TOTAL DO NOT THE TOTAL OF THE	JIII. II HOEIG, GHEGK HIG DOA.						
Name and Address of Source	tom	Kind of Income (investments, leases, etc.)						
Name: Maine State Retirement 5 Address: Station - Augusta M	gren.	Retirement						
Address: Station - Augusta 41	lane	moon-one and exhaustime or injuries and investment of the control						
Name: U								
Address:								
List the names of creditors for any unsecured loans of \$3,000 or m	FABLE LIABILITIES nore that you received during the re	enorting period and list the major						
areas of economic activity of each creditor. Do not list loans from a	relative. If none, check the box	pointing politica, card not and mage.						
None								
Name and Address of Creditor		Principal Type of Economic Activity of Creditor						
Name: Yorkam Saving Bark Address: Main Street Lockom		Home equity						
Name: US Saving Bondo - cos Address:	Red	interest						
	RTABLE GIFTS							
List the specific source of each gift of more than \$300. Include gifts none, check the box		nan \$300 from a single source. If						
None	19.3 SAMA							
Name of Source of Gift 1.	Name of So 3.	urce of Gift						
2.	4.	parameter and an extension of the contract of						

PART 7. REPORT	ABLE H	ONO	RARIA	
List the source of any honoraria accepted for appearances or speed	ches relat	ed to y	our off	icial duties. If none, check the box.
None				
Name of Source of Honoraria	A CONTRACTOR OF THE CONTRACTOR		N	ame of Source of Honoraria
1.	3.			
2.	4.	Tallita e de a difinidifica e recursos	A	TECT TO COMMUNICATION PROPERTY AND TO COMMUNICATION OF THE COMMUNICATION
PART 8. REPRESENTATION	N BEFOR	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	or assiste	d othe	ers for	compensation of any amount. If none, check
☑ None	ACCORDINATION AND ADMINISTRATION	***************************************		
Name of Agency				Name of Agency
1.	3.			
2.	4.	neneria di Pinci de Canada	956 Miller Oddina vide videnia v	
PART 9. BUSINESS W	VITH STA	TE A	GENO	CIES
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immed	iate fa	mily so	old goods or services with a value in excess of
None	3.4460aaaaaaaaaaaaaaaaaaaaaaaa	anacacontineumounu		
Name of Agency		A Control of Section	Association of the control of the co	Name of Agency
1.	3.	POSECO CONTONIO LA ARMANINA	Manager	
2.	4.			
PART 10. INCOME RECEIVED BY	MEMBE	RS O	F IMM	EDIATE 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.	ome of \$1 d. Do not	,000 c	r more de gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Recei	ived	Cir appro let	priate	Kind of Income
1.		s	D	
2.		S	D	
3.	der annen er steller e	S	D	THE PROPERTY OF THE PROPERTY O
4.		S	D	
SIGNA	ATURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a	a fine	of \$1	0 per business day until the report 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	the Com	missio	on con	cludes that it appears that a Legislator has

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)

NAME:	DATE:												
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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	tor	section	number	for the
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