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.

I FGISI	ATOR INFORMATION			
	- TON IN ONIMATION			
Name		Member of:		
L GARY KNIGHT	•	☑ House ☐ Senate		
Mailing address		District		
L GARY KNICHT  Mailing address  453 MOOSE HILL RIAD		81		
City, zip code		Phone		
Livermore Fylis	0452Y	897.2489		
PART 1. INCOME DERIVI	ED FROM EMPLOYMENT BY ANO	THER		
List 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 more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
No NE				
and the second		COMMONOMENTATION TO THE PROPERTY OF THE COMMON AND AND AND AND AND AND AND AND AND AN		
	•			
	**************************************	2003-2004 CONSISTENCIA DE PROPERTO POR CONTROL DE CONTR		
PARES INCOMES	RIVED FROM SELF-EMPLOYMEN'			
	ors who are self-employed.)			
A. List the name and address of your business, if derived income. If associated with a partnership, firm areas of economic activity of that entity.	any, 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:	The state of the s	ongrammentementementementementementementemen		
Address: Vow E		a vectoration a		
Name:	**************************************	THE TREASURE TO THE PROPERTY OF THE TREASURE		
	8' 8' 8			

PART 2 (continued). INCOME DEI (For Legislators who	RIVED FROM SELF-EMPLOY o are self-employed.)	MENT
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 profethe entity or person from whom the income was derived.	epresents more than 10% of your opentity or person from whom you d	erived 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:	•	
Name: Address:	ALUS STORY OF STATE O	den diesels der die die der der der der der der der der der de
Name:	AMALAGOVE	
Address:		
PART 3. MAJOR AF (For Legislators who ar	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	HEORIC GRADIC AND THE CONTRACT	
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)
Name:		
Address:	in the real real real real real real real rea	
Name:	<del>очение на </del>	ори своем в как и по в на при в на при в на протости по в на при при в на п
Address:	nd Novaries 6, 42 Yes 6	PL20400000000000000000000000000000000000
PART 4. OTHER SO	And the state of t	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include	gifts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: ANDROICOGGIN BANK	Property of the Control of the Contr	
Address: Lisbon St Lewiston		PENCION
Name: SMITH BARNEY Menellynd Mutuac / Address: PORTLAND Portland Funni A	BANK MENSTERST BK NEWS BANK NOTTERST MEINS FORMETTAN BANK of MEINS FORMETTAN	INVERTMENT DIO/Interist
PART 5. REPORT.		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box	eporting period, and list the major
☐ None `	ing Salah Madang kakamangan magkanaman ng 1955 1956 ay ka halah sak wakanakakan mwaka mana mama atawa 1 kataman 1,5 ga 1	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:		
Address:		
Name:		
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 of Source of Ciff	to the second of the second and the	anna maga tingga ga ang a sa anna anang anang a mana ana ta 25,555 ga anna an sandadan mana anna anna anna ann Tangan anna anna anna anna anna anna ann
Name of Source of Gift  1.	Name of S 3.	ource of Gift
2.	30000000000000000000000000000000000000	OCUT CHIBINALOS CONTROL CONTRO

PART	7. REPORTABLE	HONO	RARI	
List the source of any honoraria accepted for appeara	ances or speeches rel	ated to	our of	ficial duties. If none, check the box.
None				
Name of Source of Honoraria			N	lame of Source of Honoraria
1.	<b>3.</b>			
2.	4.	ecia-secular - 44-034/20202050505 28	OCCUPATION OF A VARIETY	ACTION CONTRACTOR CONTRACT
PART 8. REPRE	SENTATION BEFO	RE ST	ATE	AGENCIES
List each executive branch agency before which you the box.	represented or assis	ted other	ers for	compensation of any amount. If none, check
None	reners propriet (specific propriet and the superior and the specific specif	8.0.7.000000	eneressonaciónomo.	
Name of Agency				Name of Agency
1.	3.			The state of the s
2.	4.	il 1800-tilli ildə əranma vəliq ayayl	TOTAL TERMINATURE SERVICE SERV	ne n
PART 9. B	USINESS WITH ST	TATE A	GEN	CIES
List each executive branch agency to which you or a r \$1,000 during the reporting period. If none, check the	member of your imme box.	diate fa	mily so	old goods or services with a value in excess of
None			alakar munamuni men	
Name of Agency		Continuent married to the	1000 000000000000000000000000000000000	Name of Agency
1.	3.	3.		
2.	4.	MODO COMMISSÃO E COMMISSÃO E COMPANYO	Personosessessessessessessessessessessessesses	MANGER SEEN PROTOCOLOGICO (MICHAEL) GARREN HER REPRESENTAÇÃO (MICHAEL) SEEN HER
PART 10. INCOME REC	CEIVED BY MEMB	ERS O	FIMN	EDIATE FAMILY
List the type of economic activity representing each s (ren) during the reporting period and the kind of incom "D" for income received by dependents.	source of income of \$ ne represented. Do n	ot includ	r more le gifts	e received by your spouse or dependent child c. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of I	Income Received	Cir appro let	priate	Kind of Income
1. Rentac Income (seas 2. Stock booker / Banks	sonne)	(S)	PD	Summer Cottago
2. Stock hosker Bank	123500 MB	(s)	D	Summer Cottago Investment Uncom
3.	,	s	D	
4.	The state of the s	S	D	
	SIGNATURE			
A Legislator who willfully fails to file a required star (1 M.R.S.A. § 1017-A)	tement is subject to	a fine	of \$1	0 per business day until the report is filed.
The intentional filing of a false statement is a Class willfully filed a false statement, it shall refer its finding	E crime. If the Co	mmissio	on cor neral	ncludes 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)

Signature

NAME:	DATE:				
ADDRESS:					
	ADDITIONAL INFORMATION				
information you are providing.	information below (and on additional sheets if needed). Indicate the part or section number for the				
Part/Section Number					
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