

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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FEB 1 8 2009

MAINEETHICS COMMISSION

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.

□ 1 lease check it this is all update to a previously filed statement for the calendar year 2008.						
LEGISLATOR INFORMATION						
Name Charles B. Kruge		Member of: ☑ House ☐ Senate				
Mailing address 37 Green St.	District 48					
City, zip code Thomaston ME O	4861	Phone 354-8928				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
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				
Entertainment Resources 3° -	7 Green St. Thomaston	Event Services- enterfainment				
		ничення под				
PÄRT 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)						
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.						
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					
Name:		TO COMMON MARKA A				
Address:		20 Maria (1997)				
		e.				

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 represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.				
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: . Address:	To the Continue to the continue of the continue of the continue to the continu			
Name:				
Address:				
	AREAS OF PRACTICE are attorneys-at-law only.)			
List your major areas of practice. If associated with a law firm, list t	the major areas of practice of your firm.			
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)			
Name:				
Address:				
Name:				
Address:				
	OURCES OF INCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include gifts. If none, check the box.			
☑ None	Kind of Income			
Name and Address of Source	Kind of Income (investments, leases, etc.)			
Name:	THE STREET AND ADDRESS OF THE STREET AND ADD			
Address:				
Name:	Viginal Control of Con			
Address:				
	TABLE LÍABILITIES			
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	more that you received during the reporting period, and list the major a relative. If none, check the box			
None	Widowseestandingscopied and advantable exemples of the second and advantable exemples and advantable e			
Name and Address of Creditor	Principal Type of Economic Activity of Creditor			
Name:	**************************************			
Address:				
Name:				
Address:				
	ORTABLE GIFTS			
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box				
None				
Name of Source of Gift 1.	Name of Source of Gift 3.			
2.				
2.	4.			

NAME:	DATE:							
ADDRESS:								
	ADDITIONAL INFORMATION							
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the re providing.							
Part/Section Number								
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PART 7: REPORTABLE HONORARIA						
List the source of any honoraria accepted for appearances or speed	ches relat	ted to y	our of	ficial duties. If none, check the box.		
None						
Name of Source of Honoraria				lame of Source of Honoraria		
1.	3.					
2.	4.	001000000 1000000000 CZ .000	rc.norecusamentemen-gr.gag	アン・ボ (2000000 - 38 500 g.m 606 603 - 564400 (1996) (1997) (1		
PART 8. REPRESENTATION BEFORE STATE AGENCIES						
List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box						
None			THE			
Name of Agency				Name of Agency		
1.	3.					
2.	4.	Wykadowo na katalon na mangayiyi	hulhan anasasuuttuunuu.	enementen en vivo de la montra de la montra de la compania del la compania del la compania de la compania del la comp		
PART 9. BUSINESS W	/ITH ST/	ATE A	GEN	CIES		
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.						
None		and and a second and	eniene constitue de la constit			
Name of Agency				Name of Agency		
1.	3.					
2.	4.	Addotes in interess of the second		**************************************		
PART 10. INCOME RECEIVED BY	MEMBE	RS O	F IMM	EDIATE FAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.						
Type of Economic Activity Representing Source of Income Recei	ved	Cir appro let	priate	Kind of Income		
1. United States Post OFFICE	(1772)	(S)	D	Salary + wages		
2.	Vide all the see has party and	S	D			
3.	***************************************	S	D			
4.		S	D			
SIGNA	TURE					
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject to	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	nmissio	on con	cludes 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 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 /