

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 filed statement for the calendar year 2008.								
LEGISLATOR INFORMATION								
Name Michel A.	Member of: House							
Mailing address 279 Old Green	District							
City, zip code Lewiston, Me	Phone 783-1927							
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						
N/A								
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		province of the control of the contr						
PART 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:								
Name: Address:		A STATE OF THE PROPERTY OF THE						

PART 2 (continued). INCOME DE (For Legislators wh	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 profe the entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you	derived : principal	such income. If this form of type of economic activity of					
Name and Address of Source		Activi	incipal Type of Economic rity of Entity or Person Who the Source of the Income					
Name:	PASSET LA 180 - Claim Calline and Anthropic	Silver (seepense) on all	EDIT miller Miller Standard Aller der Freier er er er er er en					
Address:		u European anno anno anno anno anno anno anno a						
Name:	:	Cooking MAKEN	•					
Address: PART 3 MA IOP A	TTA OF PRACTICE							
(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 the	the major areas of practice of you Major Areas of Pra	Option and production of the second	Major Areas of Practice					
Name and Address of Firm	(self)	<u>Jano</u>	(firm)					
Name: Address:	эттестопиямость на	~~numerosuscusestoscoccosolosuscu						
Name: Address:	ALTERNATION OF THE STATE OF THE		The state of the s					
	OURCES OF INCOME	And the second s						
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	e gifts. I	If none, check the box.					
None		Astronomy Market Control	Kind of Income					
Name and Address of Source		(in	Kind of Income ivestments, leases, etc.)					
Name: Main Public Employees Leterment & Address: 46 State House Station, augusto Me.	ystem	Pt	trement					
Address: Yb State House Station, augusto Me	04333-0046	Ne	AMMULE .					
Name: Address:	BM Monores	State of the state						
	ABLE LIABILITIES							
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the	reportin	g period, and list the major					
None .		opens are recovered to the party of the second						
Name and Address of Creditor		Por	ncipal Type of Economic Activity of Creditor					
Name:		2000 Opportunities						
Address:								
Name:	Victoria	· · · · · · · · · · · · · · · · · · ·						
Address:								
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	RTABLE GIFTS s with an aggregate value of more	than \$3	300 from a single source. If					
D None	NAMES - NAMES - NAMES - STATE OF STATE	***************************************	CONTROL CONTROL OF THE STANDARD AND AND AND AND AND AND AND AND AND AN					
Name of Source of Gift 1.	Name of 9	Source c	af Gift					
2.	4.	***************************************	ACCRECATION CONTRIBUTION CONTRI					

PART 7.	REPORTABLE	HONO	RARI			
List the source of any honoraria accepted for appearance	ces or speeches rela	ated to y	our of	ficial duties. If none, check the box.		
U None						
Name of Source of Honoraria		200 C C C C C C C C C C C C C C C C C C	K	lame of Source of Honoraria		
1.	3.					
2.	4.	4.				
PART 8. REPRESI	ENTATION BEFO	RE ST	ATE,	AGENCIES		
List each executive branch agency before which you re the box.	presented or assis	ted othe	ers for	compensation of any amount. If none, check		
None		······································	······································			
Name of Agency				Name of Agency		
1.	3.	3.				
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List each executive branch agency to which you or a me \$1,000 during the reporting period. If none, check the bo	ember of your imme ox.	diate fa	mily so	old goods or services with a value in excess of		
None						
Name of Agency		100 May 100 Ma	CASIALIS PROPERTY.	Name of Agency		
1.	3.	OAD 1882	OFFICE CASE AND ADDRESS OF THE PARTY OF THE			
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PART 10. INCOME RECE	IVED BY MEMBI	ERS O	FIMM	EDIATE FAMILY		
List the type of economic activity representing each solution (ren) during the reporting period and the kind of income "D" for income received by dependents.	rce of income of \$ represented. Do no	1,000 o ot includ	r more le gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Inc	come Received	Cir appro let	priate	Kind of Income		
1. androscoggin County Office	يال	(S)	D	Wages		
2. Maine Public Engloyers ations	ent System	(S)	D	Wages Retirement		
3.		S	D	Secretary Country of the Country of		
4.	anning and the state of the sta	S	D			
	SIGNATURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
A Legislator who willfully fails to file a required state 1 M.R.S.A. § 1017-A)	ment is subject to	a fine	of \$16	0 per business day until the report is filed.		
The intentional filing of a false statement is a Class E	crime. If the Cor	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 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

Heb. Z, 2009 Date

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