Office: 242 State Street, Augusta, Maine

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 prev	viously filed statement for the calendar year	2008.							
LEGISLATOR INFORMATION									
Name Brian Largley Mailing address		Member of: ☐ Senate District							
11 South 5	# 3D								
City, zip code Ellsworth me	Phone 667 - 0625-								
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER							
List the name and address of each employed principal type of economic activity of each em	er from whom you received compensation ployer.	of \$1,000 or more. Specify the							
Name of Employer	Principal Type of Economic Activity of Employer								
Ellsworth School Bept.	State St. Ellsworth MEDIGES	Educational							
	DME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	T							
A. List the name and address of your busin derived income. If associated with a partners areas of economic activity of that entity.	ness, if any, and list the major areas of ed ship, firm, professional association, or simil	conomic 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: Upin River broster Pa Address: 8 South Street Ellins	14h	Self							
Name: Rayeless LCC Address: 8 South St. Ellswore	K Rental Properties	self							

PART 2 (continued). INCOME DE (For Legislators wh			YMENT						
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.	entity or pers	son from whom you	derived such incom	ne. If this form of					
Name and Address of Source			Principal Type Activity of Entity is the Source	or Person Who					
Name: Union River Lobsten Pot Address: 8 South Street Ellsworth	Owner/ Operator								
Name: Address:		04605	e de la compania del la compania de la compania del la compania de la compania de la compania de la compania de la compania del la compania						
PART 3. MAJOR A	The state of the s	and the second of the second o							
(For Legislators who are attorneys-at-law only.) List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.									
A CONTRACTOR OF THE PROPERTY O	ne major area	as of practice of you Major Areas of Pra	and the second s	The state of the s					
Name and Address of Firm		(self)	ictice Major A	reas of Practice (firm)					
Name:	10. July 11. July 12.			a de a constante de militar de Militario de Armano					
Address:	Uz instru A i institu		d Clare Control						
Name:	***************************************	and recommend of the community of the co		чер этемператер этемператер об температер об температер об температер об температер об температер об температер					
Address:), / and 320 XXC angles / 4.70		A CASA CASA CASA CASA CASA CASA CASA CA						
PART 4. OTHER SO	DURCES 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 includ	e gifts. If none, che	ck the box.					
☐ None	and an included the second of the second	Annaharan Marian Marian Ari (1999) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997)	interference in the control of the c	Moderation was a second property of the second seco					
Name and Address of Source	eneman Anton al 11 d. m. p. 1 medica (Projection and anno		Kind of						
<u>사고는 마</u> 다 하면 하는 경우 등록 등록 등록 하는 하는 경우 등록 하는 경우를 하는 것을 하는 것 하는 것을 하는 것 것을 것을 하는 것을 수 없습니 같습니 같습니 않습니			(investments,	winestunes with much at Districting 115 the transfer of the contract of					
Name: MANUE SPACE PERSON			Pensia	•					
Name: MAINE State Petinenat Address: Augusta ME	**************************************								
Name: State of Maire			Legislator						
Address:			•	, Karaji					
PART 5. REPORT	ABLE LIAB	ILITIES							
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	reporting period, a	nd list the major					
None									
Name and Address of Creditor	A Marie Mari		Principal Type Activity of						
Name:									
Address:			•						
Name:	00000000000000000000000000000000000000	M-M-M-Maries and reserve (1990) 177 (1990) 160 (1990) 160 (1990) 160 (1990) 160 (1990) 160 (1990) 160 (1990) 1		ANALASA AMERIKAN PERIODA PERIO					
Address:									
PART 6. REPO	RTABLE G	IFTS							
List the specific source of each gift of more than \$300. Include gifts none, check-the box	with an aggr	egate value of more	than \$300 from a	single source. If					
None	ennen en e			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Name of Source of Gift 1.	3.	Name of	Source of Gift						
2.	4.	Professional description of the contract of	Calcini Chheanneann an gna gna na nn Canaidh Chheanneann a ma agus an an	TO DO TO THE WAY AND AN AND AN AND AND AND AND AND AND A					

PART 7. REPORT	ABLE HONG	RARI	A			
List the source of any honoraria accepted for appearances or spee	ches related to	your of	ficial duties. If none, check the box.			
None		alah sesentihahna sese				
Name of Source of Honoraria		ħ	lame of Source of Hoηoraria			
1.	3.	Elienasioulinaleum-jajappppg				
2.	4.					
PART 8. REPRESENTATION	N BEFORE S	TATE	AGENCIES			
List each executive branch agency before which you represented the box	or assisted ot	ners for	compensation of any amount. If none, check			
None	Territorio (Continuo III III III III III III III III III I	***************************************				
Name of Agency			Name of Agency			
1.	3.					
2.	4.					
PART 9. BUSINESS V	VITH STATE	AGEN	CIES			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immediate	amily s	old goods or services with a value in excess of			
None	COSCUMULATION Assessment Sense Advisor Sense Assessment S					
Name of Agency		and the state of t	Name of Agency			
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBERS (OF IMN	MEDIATE FAMILY			
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1,000 d. Do not incl	or more	e received by your spouse or dependent child s. Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Rece	ived app	ircle ropriate etter	Kind of Income			
1. Education - School Sept.	S) D	Salany			
1. Education - School Sept. 2. Health CARR	Œ) D	Salang_			
3.	S	. D				
4.	S	D				
SIGNA	ATURE					
A Legislator who willfully fails to file a required statement is su	ıbject to a fin	e 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 Commiss	sion cor	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:	entral and an extra contract and descended and an extra contract and an extra contract and an extra contract a		*************	M-He-lendon-koncumuzano-kunsuru	ancienta necessora de la composição de la c	досто в посто от пос	ALCENTRACIONE ANT CONTROL PROPERTY OF THE STATE OF THE ST	and the comment of th	Page Tage Tage Magnady A Page Bod and associated a	dentimo menune e un comera prime grandenta	***************************************	**************************************
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and or	n additional	sheets	if needed).	Indicate	the part	or section	number	for the
Part/Section Number												
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