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 previously filed statement for the calendar year 2008.				
	LEGISLATOR INFORMATION			
Name Edward P. "Ed" Legg Mailing address	Member of: ☐ House ☐ Senate District			
		Phone		
City, zip code Kenne bunk, Me. 04043		207-967-8543		
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY ANOT	THER		
List the name and address of each employ principal type of economic activity of each em	er from whom you received compensation on photon on complexity.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
state of Maine	Maine House of Repnesentations Augusta, Me.	Member, House of Representatives, Did, 4141		
and the control of th	OME DERIVED FROM SELF-EMPLOYMENT Legislators who are self-employed.)			
A. List the name and address of your bus		onomic activity from which you ir 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: Address:		this has movement		
Name: Address:		El materia management appropriate de la companya de		

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 profethe entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you d	derived such income. If this form of principal 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:	**MERITARYY			
Address:	have the same of the same above a survey as we have a supply the same than the same same same same same same s	and interest in the property and the state of the state o		
Name: Address:	DANESSAS 1994 FEBRUARY	·		
A STATE OF THE PARTY OF THE PAR	REAS OF PRACTICE N/A			
List your major areas of practice. If associated with a law firm, list the	he major areas of practice of your	PT CONTROL CON		
Name and Address of Firm	Major Areas of Prac (self)	ctice Major Areas of Practice (firm)		
Name:				
Address:		nach man sangan sangan tagan sangan s		
Name: Address:	color-			
PART 4. OTHER SO	DURCES OF INCOME			
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 Sept "Other" Page.		Apply of Magazing according to the control of the c		
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name: U.S. GOVERNMENT - Social Security	A .	Social Security Checks		
Address: Hid Atterica Program Seavice Center, 601	E.12 St. (Kansas City) Mo. 64106-2859			
Name: Oil Royalty Address: (1) Finley Resources Rev. Ro. Box 2200 At Worth, TX 76113	D Plains Markefing L.P. P.O. Bex 46 4B HOUSHOH, TX. 17210-4648	Oil Production ON owned Himenal Rights; Kansman Cty, PX.		
PART 5. REPORT		AND THE CONTRACT OF THE CONTRA		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box	reporting period, and list the major		
None	anally and a series of the land and the land of the land and and a series of the land of t			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name: Wells Forgo Home Montgage		Montgage ON		
Address: P.O. Box 14411 , Des Moines, Rowa 50306-	- 3401	Pensonal Residence		
Name: TD hand North	THE PARTY OF THE P	Auto Lean Cin		
Address: P.O.BOX 8400, Lewiston, Me, 04243		wise's, ANK LESS, Name)		
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 Name of Source of Gift	and the second s			
1.	Name of S	Source of Giff		
2.	4,	$thm:control_c$		

PART 7. REPORTA	ABLE H	IONOF	RARIA	
List the source of any honoraria accepted for appearances or speecl	hes rela	ted to y	our offi	icial duties. If none, check the box.
™ None	POTOPOPORATO SOCIALIZADAS ALBORAS.		Science (Manufacture Constitution)	
Name of Source of Honoraria			Ni	ame of Source of Honoraria
1.	3.			•
2.	4.	EXX. Сто до одновани до одновани посто од		төөгүү кайдагын байдагын байдын түүн төөрүн төөгүү кайдагын байдагын байдагы
PART 8. REPRESENTATION	BEFO	RE ST	ATE A	AGENCIES
List each executive branch agency before which you represented of the box.				
☑ None		ANDRONY ASSESSED AND AND AND AND AND AND AND AND AND AN		
Name of Agency				Name of Agency
1.	3.			
2.	4.	en e	stránces i intelimento insurero.	### ### ##############################
PART 9. BUSINESS WI	ITH ST	ATE A	GENC)ES
List each executive branch agency to which you or a member of you	ır immed	liate far	mily so	Id goods or services with a value in excess of
\$1,000 during the reporting period. If none, check the box. None		emmeracenture consult	*SETTELLONGWOLMOLINAGE	Million dan salan dan persangan dan dan dan dan dan dan dan dan dan d
Name of Agency	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY N		DS OI		EDIATE SASILIV
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1	1,000 oi	r more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Receiv	⁄ed	Circ appror lett	priate	Kind of Income
1. Wise, Ann Legy = professional Antist		(§7	D	Sale of paintiless and Paints by Ann Legg
2. Wise, AHH Legs = Social Security Clecks U.S. GOVERNMENT 3. Wise, PAHH Legs: Stocks and Hutual Funds, CD's	1000	(S)	D	Social Security
3. Wife, ANH Legg: Stocks and Hutual Furds, CD's		(S)	D	Scales, interest, copilal gains, gaowing
4. Wife, ANHLESS = TIAA-CAEF Teacher Pension/Ann	with	(8)	D	Teachen Pansian / Ammunity checks
SIGNA	TURE			
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to	a fine	of \$10) per business day until the report is filed
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	the Con	nmissic ney Gei	n conc neral.	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	to file a i	require ry ques	d state	ind shall be precluded from voting on any

Jan, 20, 2009 Daté

NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide information you a	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.
Part/Section Number	
Park H ?	3 TIAN-CREF = Teacher Pension/Annuity
OF EHROR	TEAR-CREE P.O. BOX 1289, Charlotte, N.C. 28201-1289 B) Stock and Mutual Funds 24 vest nexts = Dividents, Soles, Capital GalHS, grown,
North Annual Control	Live stock Lease, Konstream Cty, TX. = There show leasing cattle-
SCOCOMEROMODIONAL	OH owned property grazing pastures
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delinenverlenvorance	
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P.CC-Ramilla M. Allandia M.	
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