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.

☐ Please check if this is an update to a previously f	iled statement for the calendar year	2008.		
LEGISI	LATOR INFORMATION			
Name SARAH O. LEU	21 A	Member of: ☐ House ☐ Senate		
Mailing address  46 CASLYN DALI	verzate and a contraction of the	District 148		
SARAN O. LEU  Mailing address  46 CASLYN DRIG  City, zip code  ELIOT, MAINS	03903	148 Phone 207-439-0354		
	ED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each employer from principal type of economic activity of each employer.	whom you received compensation	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
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		77777		
COMMISSION OF THE PROPERTY OF	n ngayan nga nga nga nga nga nga nga nga nga n	— ченто с пот се со столо во се водина се на		
	RIVED FROM SELF-EMPLOYMER ors who are self-employed.)	NT		
A. List the name and address of your business, if derived income. If associated with a partnership, fir areas of economic activity of that entity.	any, and list the major areas of e	economic activity from which you ilar 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:				
Name:	ratus anno area area area area area area area are			
Address:		No.		

PART 2 (continued). INCOME DEI (For Legislators who	RIVED FROM SELF-EMPLOY no are self-employed.)	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.	epresents more than 10% of your	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Enlity or Person Who is the Source of the Income
Name:	!	in planting the state of the st
Name:	**************************************	di nononani anno farianza en en estratura en
Name: Address:		
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the		ır firm.
Name and Address of Firm	Major Areas of Pra (self)	tanti bira pantanini amangan samanan mananan manan saman 19 mga tahungi pangan pangangan pangangan pangan mana
Name:		A CONTRACTOR OF THE CONTRACTOR
Address:	.commissionsonino	oversomment process and a second
Name: Address:	200	
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	A STATE OF THE PARTY OF THE PAR	e aifts. If none, check the box.
None	and the state of t	- COMMON AND AND AND AND AND AND AND AND AND AN
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: SECPHISECURITY Address: MASKINGS ON INC. Name: KENNEDUN (SAVINGS BANK 40HE		Rebusment
Address: MAGNING for 10 C	THE RESIDENCE OF THE PROPERTY	distribution of the state of th
	Distr.	YOIK DISTA Huchan
Address: KENNE WAK ME.	MADA	<u> </u>
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	TABLE LIABILITIES  nore that you received during the	reporting period, and list the major
None	PEIGLIVE. II HUITE, GIBON BIO DON	33000000000000000000000000000000000000
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	**************************************	The second control of the second seco
Address:		
Name:		
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts	ORTABLE GIFTS  with an aggregate value of more	than \$200 from a single source. If
none, check the box.	will dit aygreyate value of their	Man \$300 Hom a single source. It
Name of Source of Gift	Namo af	
1.	3.	Source of Gift
2.	4.	was desirable and a restrict of the property

	RT 7. REPORTABLE HON			
List the source of any honoraria accepted for appe	earances or speeches related	to y	our offici	al duties. If none, check the box.
None				
Name of Source of Honoraria			Nan	ne of Source of Honoraria
1.	3. - 400° 5 50° 6000000000 50000000 400-4 400000000000000	2280X-A3082	3	1988 (17. 18. 1882 (17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
2.	4.			
PART 8. REP	RESENTATION BEFORE	ST	ATE AG	ENCIES
List each executive branch agency before which the box.	you represented or assisted	othe	ers for co	mpensation of any amount. If none, check
None		~~~~	reament and a second and a second	
Name of Agency				Name of Agency
1	3.			
2.	4.		970e010770e11000000000000000000000000000	- The state of the
PART 9.	. BUSINESS WITH STAT	ΕA	GENCIE	S
List each executive branch agency to which you or \$1,000 during the reporting period. If none, check	r a member of your immediate the box.	e fa	mily sold	goods or services with a value in excess of
None	timentelment		ikennani (kalenderan araba)	
Name of Agency		Processor		Name of Agency
1.	<b>3</b> .			
2.	4.	4.		
PART 10. INCOME F	RECEIVED BY MEMBERS	<b>O</b>	FIMME	DIATERAMILY
List the type of economic activity representing each (ren) during the reporting period and the kind of ine "D" for income received by dependents.	ch source of income of \$1,00	)O o	r more re	eceived by your spouse or dependent child
Type of Economic Activity Representing Source	of Income Received a	Cir opro let	priate	Kind of Income
1.		3	D	ma a ann ann an an an an an an an ann an
2.	**************************************		D	ooraasiaamaanaanuunuunuunuunuun jolka ooraanaanuunuunuunuunuunuunuunuunuunuunuunu
3.	200148*0548.48*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.44*054.	3	D	(100 aurano - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
4.		3	D	
	SIGNATURE	Control of the second		
A Legislator who willfully fails to file a required		line	of \$10 :	per husiness day until the report is fled
1 M.R.S.A. § 1017-A)	Section is subject to a f	ııı IC	σιφίσ	ser susmices day until the report is filed
The intentional filing of a false statement is a Cl	lass E crime. If the Commi	issic	on conclu	udes that it appears that a Legislator h

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

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