

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 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 2	2008.			
LEGIS	SLATOR INFORMATION				
Name W. BRUCE MAC DONALD	Member of: ☑ House ☐ Senate				
Mailing address 656 BACK RIVER RD	District 6/				
Name W. BRVCF MAC DONALD Mailing address 656 BACK RIVER RD. City, zip code BOOMBAY, ME 04537	Phone 633 - 05 70				
	VED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employer from principal type of economic activity of each employer.	n whom you received compensation of	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
NA		<u>د بست</u>			
The state of the s		MICHAEL MARKEN			
**************************************	**************************************				
	ERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)				
A. List the name and address of your business, i derived income. If associated with a partnership, fi areas of economic activity of that entity.	if any, and list the major areas of ecirm, professional association, or similar	onomic 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:	PAINTING	SEF			
Name: Address:					

	PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYME no are self-employed.)	ENT .
disclosure is prohibited	income derived from self-employment that re the principal type of economic activity of the by law, rule, or an established code of profe n whom the income was derived.	epresents more than 10% of your gros	red such income. If this form of
	Name and Address of Source	A	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name: .	**************************************	M. 2004 19.3 decimilar de marca en marca en marca de la persona de marca en marca en marca en la composição de marca en	i di Berlin, C. Berlin, kumba kula gali menami kata dadi di dahah manda heneri merini kecilik dan sebidan dan menam
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Address:			
		REAS OF PRACTICE re 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	enderlikan processer var var var var Summann som a semanna var var var var var var var var var va
	Name and Address of Firm	Major Areas of Practice(self)	Major Areas of Practice (firm)
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Address:	NA	1 in the second	(000 cm
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Address:		· visitana and and and and and and and and and	
		DURCES OF INCOME	
The contract of the contract o	me of \$1,000 or more <u>not listed</u> in Parts 1, 2	2, or 3 of this form. Do not include gift	s. If none, check the box.
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	Name and Address of Source		Kind of Income (investments, leases, etc.)
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Address:	naaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa		\$
Name:		de norman de la California	
Address:			
1 1 1 41		ABLE LIABILITIES	
List the names of creditor areas of economic activities	ors for any <u>unsecured</u> loans of \$3,000 or m ity of each creditor. Do not list loans from a	ore that you received during the reported relative. If none, check the box	orting period, and list the major
X None	######################################	NABARIA объектора прогостор от предоставления по предоставлени	от выполнения в постоя общений в настройнений в нестройнений в настройнений в на
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
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Address:	NA		
Name:		· · · · · · · · · · · · · · · · · · ·	
Address:			
	PART 6. REPO	그리다 나는 나는 아이들은 아는 아이들이 아이들 것이 없는 그림에는 그리는 하나는 이 사람이나는 하나 아이들을 즐겁게 하지만 아이들이 되었다. 이 이 이 그는 그 모든 회사들은	
List the specific source or none, check the box	of each gift of more than \$300. Include gifts	with an aggregate value of more than	1 \$300 from a single source. If
None		STATE OF THE PROPERTY OF THE P	
Nar ^{1.} STANLEY	me of Source of Gift BROWER	Name of Sour	ce of Gift
2.			CCBROOMS.CO.A.A.American Control of Control
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	ART 7. REPORTABLE HO		Again Carthalagae				
List the source of any honoraria accepted for app	pearances or speeches related	to y	our offic	cial duties. If none, check the box.			
Name of Source of Honoraria			KI.	me of Source of Honoraria			
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PART 8. RE	PRESENTATION BEFORE	ST	ATE A	GENCIES			
List each executive branch agency before which the box.	h you represented or assisted	othe	ers for c	ompensation of any amount. If none, chec			
None .	TOTALET IN THE STANDARD MANAGEMENT AND	Calcal Adams and a	enelialenamenen en menegyene	ion en			
Name of Agency				Name of Agency			
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PART	9. BUSINESS WITH STAT	EA	CENC	-			
List each executive branch agency to which you \$1,000 during the reporting period. If none, chec	or a member of your immedia	2000000					
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Name of Agency				Name of Agency			
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PART 10. INCOME	RECEIVED BY MEMBER	s o	FIMME	DIATE FAMILY			
List the type of economic activity representing e (ren) during the reporting period and the kind of "D" for income received by dependents.	each source of income of \$1,0 income represented. Do not in	00 o nclud	r more de gifts.	received by your spouse or dependent chill Circle "S" for income received by spouse of			
Type of Economic Activity Representing Sour	ce of Income Received a		cle priate ter	Kind of Income			
1.		S	D	arananin menengahan menengah diri diri diri diri diri diri diri dir			
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3.		S	D	20/5/07 PT 03:07 PESS PESS PESS PESS PESS PESS PESS PES			
4.		S	D				
	SIGNATURE						
A Legislator who willfully fails to file a require		fine	of \$10	ner business day until the report is flo			
(1 M.R.S.A. § 1017-A)	- Jacomon 10 Judgoot 10 u	10	υ, ψιο	por business day and the report is lifet			
The intentional filing of a false statement is a	Class E crime. If the Comm	nissio	on cond	ludes that it appears that a Legislator ha			
villfully filed a false statement, it shall refer its f	indings of fact to the Attorney	/ Ge	neral.				

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

NAME:	DATE:												
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ADDITIONAL INFORMATION													
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