

101-L-24-

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 file	ed statement for the calendar year 2	2008.			
LEGISLATOR INFORMATION					
Name VERONICA G N	NAGNAN	Member of:			
Mailing address POBOX 37		District 4/			
SANDY POINT M	E 04972	Phone 567-6097			
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			
ASAD SE SEA	CORTHAND BOAD RSHOKT ME 0474	Schal Board Hender			
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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:	E dissinanting opposition dissinanteelikka eelekse eelekse eeleksoon opposition dissinantiis salah sinkeelikka eelekse eeleksoon opposition opp				
Address:	10.00 mg/s				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY no are self-employed.)	MENT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you o	lerived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	ermonomente en proprietation de solo d'insertitant de la filma esta a siste a mendiament à marca preside majer	1992/1984 - 1984 - 1994 - 1984 in
Address:	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Name:		HOO belander in the districtive control of the state of t
Address:		
A STATE OF THE PARTY OF THE PAR	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list	And the state of t	firm.
Name and Address of Firm	Major Areas of Prac (self)	ctice Major Areas of Practice (firm)
Name:	Elevere Alia	
Address:		
Name:	i name a constant a co	e de la companya de l
Address:		
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1,	Z, or 3 of this form. Do not include	giffs. If none, check the box.
None	gar jangkan pamana namanan ana mananan manan manan Tangkan jangkan pamanan manan man	Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name: ST of Rhode Sland Gryleger Get. Address: 40 Fountain Street Grovede.	remark board	(Taxaine)
The second secon	and the second of the second control of the	
	vance Co	annit
		annung
PART 5. REPORT List the names of creditors for any <u>unsecured</u> loans of \$3,000 or n	FABLE LIABILITIES	reporting period, and list the region
areas of economic activity of each creditor. Do not list loans from a	relative. If none, check the box.	reporting period, and list the major
None	териментический и метеритерительного пред теритерительного поставления и метерительного поставления и метерите	99 kg 155 mg m kanadi inaan adam adaga magamata samar mg gi ji ya 900 99 aha dababanahah sasayan sa
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
Address:		
PART 6. REPO	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more	than \$300 from a single source. If
None	ing pamen kalimangan nagangan naganggan pagangan pakatan kalangan pangan pangan nagan pananan nagan nagan pang	takantan kapitan kata ta 1900 (Milaya kapitan kapitan kapitan kapitan kapitan kapitan kapitan kapitan kapitan
Name of Source of Gift 1.	Name of S 3.	Source of Gift
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NAME:	(ERONICA		ACNAN DATE:	2-2	-09
ADDRES	POBOX 3	7 Sanc	Sy Point	ME	04972
ADDITIONAL INFORMATION					
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.					
Part/Section Number					
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	Edward	3	angor, M	LE 1401	Investmats
·	98.6EE	_			
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	Turnel and Control of the Control of				

	REPORTABLE HONORARIA
	es or speeches related to your official duties. If none, check the box.
None Name of Source of Honoraria	No. 46
1.	Name of Source of Honoraria 3.
	3.
2.	4.
PART 8. REPRESE	ENTATION BEFORE STATE AGENCIES
List each executive branch agency before which you re the box.	presented or assisted others for compensation of any amount. If none, check
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
	SINESS WITH STATE AGENCIES ember of your immediate family sold goods or services with a value in excess o
\$1,000 during the reporting period. If none, check the bo	ox.
None	
Mame of Agency	Name of Agency
1.	3.
2.	4.
PART 10. INCOME RECE	IVED BY MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each sou	urce of income of \$1,000 or more received by your spouse or dependent child represented. Do not include gifts. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Inc	Circle come Received appropriate Kind of Income
	fetter
1 Salary - HYK Clock	S D W2-income
2 Stor (Keterement	Bradd (S) D (Fare 12)
30 A : 0	(S) D Developedo)
Cours Jones	
1/ Jangor Savings / De	ink (S) D Interest
	SIGNATURE
A Legislator who willfully fails to file a required state (1 M.R.S.A. § 1017-A)	ment is subject to a fine of \$10 per business day until the report is filed
The intentional filing of a false statement is a Class E willfully filed a false statement, it shall refer its findings	crime. If the Commission concludes that it appears that a Legislator has of fact to the Attorney General.
the Legislator shall be presumed to have a conflict	Ifully failed to file a required statement or has willfully filed a false statement of interest on every question and shall be precluded from voting on any pislature, and shall not attempt to influence the outcome of any question
	2-8-09
Signature	Date