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)

D Please check if this is an update to a previously filed statement for the calendar year 2008.

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.

LEG	SISLATOR INFORMATION			
Name John L. MARTIN	Member of: House □ Senate			
Mailing address	District /			
PO Box 250 City, zip code Eagle Luke, 04	Phone 444-5536			
PART 1. INCOME DE	RIVED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer from principal type of economic activity of each employ	om whom you received compensation er.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
hMFK 3	23 lennesity June Int last, maine 04743	Educatum		
Manie hegeslature	Alete House Station 2 Augston, marie 0435	legis lotor		
	•			
	DERIVED FROM SELF-EMPLOYMEN slators who are self-employed.)	1		
A. List the name and address of your business derived income. If associated with a partnership areas of economic activity of that entity.	s, if any, and list the major areas of ec , 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: author Blue Cons-Ble She Address: South Portland,	ed Usuvas Sells	sef		
Name: Curr Central life las Co. Address: Currents Ohró	Usuva Sells Unsuria Sells	self		
	,			

	RIVED FROM SELF-EMPLOYMENT ho are self-employed.)
I is greater, and specify the principal type of economic activity of the	represents more than 10% of your gross income or \$1,000, whicheve e entity or person from whom you derived such income. If this form o fessional ethics, specify only the principal type of economic activity o
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
and the state of t	abole Course Store.
Name: Messe Poil Congro - T 13 RS - Marty + Martin Pt & Eglo the Address: + + P Martin PFR Eglo tile Es	Sperting leady
Tomuch Hill La PART 3. MAJORA	REAS OF PRACTICE Reboret, Lordy + Wiles are attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list	
The property of the property o	
Name and Address of Firm	(self)
Name: Ith Kur Denlynet to Ege	and penal & land sel
Name and Address of Firm Name: Ath Mur Denlighet le Egle ble Address: Mostly le - Egle ble Name: Westly Commiss Cestlet Le	- restal
Vintry Comme Cester LC	the this
Name: Address:	GARANA - A A A A A A A A A A A A A A A A A
PART 4. OTHER SO	OURCES 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 include gifts. If none, check the box.
□ None	TO A SECTION AND A SECTION AS A
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	The state of the s
Address:	
Name:	AND ADMINISTRATION OF THE PARTY
Address:	
PART 5. REPORT	ABLE LIABILITIES
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	nore that you received during the reporting period, and list the major a relative. If none, check the box
None	And the second s
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
	ORTABLE GIFTS s with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 7.	REPORTABLE I	HONO	RARI	
List the source of any honoraria accepted for appearance	es or speeches rela	ated to	your of	ficial duties. If none, check the box.
None .				
Name of Source of Honoraria			N	lame of Source of Honoraria
1.	3.			
2.	4.	90999888000088880.0434cme-	***2.4: 02:0000000000000	300-жылын каран (корор 2000) жылын күчүн корор (корор 2000) жылын күчүн күчүн корор (корор 2000) жылын күчүн к
PART 8. REPRESE			and the second	
List each executive branch agency before which you re the box.	presented or assist	ted oth	ers for	compensation of any amount. If none, check
None	*	heenengegyegenergergstatum	История	
Name of Agency				Name of Agency
1.	3.			
2.	4.			The state of the s
	SINESS WITH ST	100000000000000000000000000000000000000	especial Control Control	
List each executive branch agency to which you or a me \$1,000 during the reporting period. If none, check the bo	mber of your imme ox.	diate fa	mily so	old goods or services with a value in excess of
None		~ Needle constitution of	en fransk frikklinger (bl. st. st. st. st. st. st. st. st. st. st	
Name of Agency		Sometic materials		Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RECE	IVED BY MEMBI	ERS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each sou (ren) during the reporting period and the kind of income r "D" for income received by dependents.	rce of income of \$ represented. Do no	1,000 c ot inclu	or more de gifts	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Inc	ome Received	аррго	rcle opriate iter	Kind of Income
1. 1. 1.4	e menere e menere e morte de la comunicación de desir de definidades de desir estreta de properties e constitu	s	D	
2.	MARIEN Andre Alle Andre	S	D	
3.	narrat yara 186864466anaa-aamaan oo muu marat (1966666a) dhalaa ay daanaa	S	D	And the second of the second o
4.	TREETY TY TO SEE AN ARTHUR AND ARTHUR	S	D	
	SIGNATURE			
A Legislator who willfully fails to file a required stater (1 M.R.S.A. § 1017-A)	ment is subject to	a fine	of \$16	0 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 or	crime. If the Cor	nmissio	on con	cludes 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

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ADDRESS:	Po	Bo	× 21	<u>م</u> ,	Eu	gle le	- 04739	тататан жана жана байда байда жана жана жана жана жана жана жана жа		.	namatan da per	
ADDITIONAL INFORMATION												
Please provide information you	any addi are provid	itional ir ding.	nformation	below	v (and	on additiona	al sheets if needed)	. Indicate the part	or section	number	for	the
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