

ALCENTE!

FEB 1 3 2009

MAINEETHICSCOMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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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 pre	eviously file	ed statement for the calendar year 2	2008.	A CONTROL OF THE PROPERTY OF T
	LEGISL/	TOR INFORMATION		
Name Jeffrey M. McCabe.			Member of:	Senate
Mailing address 13 Olive St.	MASIA maradi na dina dina dina mangana di mangani di gagani panya	in en til en kunn skar en er en	District	omenika menengan pengangan pendang
City, zip code Skowhegan 04976			Phone 474-5407	
PART 1. INCOMI	E DERIVE	D FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employ principal type of economic activity of each en	yer from w mployer.	hom you received compensation of	of \$1,000 or more. Sp	ecify the
Name of Employer		Address	Principal Type of Ec Activity of Emplo	
Lake George Corporation	PO B	ox 896 Skowlegan, ME 04976	Executive D Regional Par	ivector
Somerset County Soil +	12 H	righ St.	Educational	
Water Conservation District	SKO	righ St. whegan, ME 04976	Outreach	V .
	The management of the control of the	«Море» «Протосто об состоят ст. т. «Мо выбываем не мень» — не учен у пред протосто об состо об состо об состо	######################################	
		IVED FROM SELF-EMPLOYMEN s who are self-employed.)	J	
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if a ership, firm	ny, and list the major areas of ec , professional association, or simila	onomic activity from war business entity, list t	hich you the major
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Ecc Activity (partnership, association business entity	n or similar
Name:				fine propositiva veletikelekele
Address:	***************************************	anna di dana di Sul Maria di Sul		39/ennesn4#################################
Name:			differentiation	
Address:			***************************************	

	RIVED FROM SELF-EMPLOYMENT to are self-employed.)
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the	epresents more than 10% of your gross income or \$1,000, whichever entity or person from whom you derived such income. If this form of essional ethics, specify only the 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:	
Address:	
Name:	- areverse
Address:	
appearance programme to the contract of the co	REÁS OF PRACTICE re attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list t	he major areas of practice of your firm.
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	ALAGARINA MARANA
Address:	
Name:	
Address:	· Addition of the state of the
PART 4. OTHER SO	DURGES 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	P. Company of the Com
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Office of the State Controller	Constituent Service allowance
Address: 14 SHS Augusta, ME 04333-0	014
Name:	
Address:	Torquis and the state of the st
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 relative. If none, check the box
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Address:	OB A
Name:	
Address:	
	RTABLE GIFTS
none, check the box	with an aggregate value of more than \$300 from a single source. If
₩ None	
Name of Source of Gift 1.	Name of Source of Gift 3.
2.	4.

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PART 7. REPORTABLI	HONO	RARI	A		
List the source of any honoraria accepted for appearances or speeches r	A STATE OF THE PROPERTY OF THE PARTY OF THE				
None	MANUFACTURE CONTRACTOR	**************************************	7988600000000000000000000000000000000000		
Name of Source of Honoraria		i i i i i i i i i i i i i i i i i i i	Name of Source of Honoraria		
1. 3.					
2. 4.	201001000000000000000000000000000000000	W922SDIESAKSWOJeceopeg	MANUSUMMATORIO COCCUS BANKANA AN ANTARES TO THE COCKA ANALYSIS (*) DESTRUCTION AND AN ANTARES TO THE ANALYSIS AND ANALYSIS AND AND ANALYSIS AND ANA		
PART 8. REPRESENTATION BEF	ORE ST	ATE	AGENCIES		
List each executive branch agency before which you represented or ass the box.					
None	manager grigorous susceptions and an artist of the susception of t	***************************************			
Name of Agency		Name of Agency			
1.					
2. 4.					
PART 9. BUSINESS WITH S	STATE #	GEN	GIES.		
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.					
None	terditalinati tuuruun vaannen jopagaga	shareholessassassassassassassassassassassassassa			
Name of Agency			Name of Agency		
1. 3.		Commence	er tree en transferience de proposition de la contraction de la co		
2. 4.	000000000000000000000000000000000000000	нан-н-чиуулсандоорга 4000-й-н-жүнүү моороосоорга болбон бөнөө нөөрүндөрөө бай-н-жүнөө түүлөрөө байсар байын жа			
PART 10. INCOME RECEIVED BY MEM	BERS O	- IMN	MEDIATE FAMILY		
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	\$1,000 o	r more	e received by your shouse or dependent child		
Type of Economic Activity Representing Source of Income Received	Cir appro leti	priate	Kind of Income		
1. event coordination	S	D	employment		
2.	S	D	AND DESCRIBE MANAGEMENT AND PROPERTY TO AND		
3.	S	D	annur an angula di didakan an anan an an angula di didakan an an angula di didakan an an an an angula di didakan an an an an angula di didakan an an an an an angula di didakan an an an an an angula di didakan an a		
4.	S	D			
SIGNATURI					
A Legislator who willfully fails to file a required statement is subject 1 M.R.S.A. § 1017-A)	to a fine	of \$1	0 per business day until the report is filed.		
The intentional filing of a false statement is a Class E crime. If the C villfully filed a false statement, it shall refer its findings of fact to the Atto	ommissio	on con neral.	ncludes that it appears that a Legislator has		
f the Commission determines that a Legislator has willfully failed to file	-		ement 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

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