Office: 242 State Street, Augusta, Maine



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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 pr | eviously filed statement for the calendar year. | 2008. | | |
|--|--|--|--|--|
| | LEGISLATOR INFORMATION | | | |
| Name Howard M | Member of: ☑ House ☐ Senate | | | |
| Mailing address 9 Intryard | District 30 | | | |
| City, zip code Dennysu | Phone 726-4676 | | | |
| PART 1. INCOM | E DERIVED FROM EMPLOYMENT BY ANO | THER | | |
| List the name and address of each emplo principal type of economic activity of each e | yer from whom you received compensation of mployer. | of \$1,000 or more. Specify the | | |
| Name of Employer | Principal Type of Economic Activity of Employer | | | |
| State of Mary | 2 State House Station | Representative | | |
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| | COME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.) | | | |
| A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity. | siness, if any, and list the major areas of ecership, firm, professional association, or simila | 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: Address: | The state of the s | er get en er er en er | | |
| Name: | ************************************** | | | |
| Address: | Anno della | | | |
| | | | | |

| PART 2 (continued). INCOME DE (For Legislators wh | RIVED FROM SELF-EMPLOYN to are self-employed.) | MENT |
|--|--|--|
| 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 gi | erived such income. If this form of ncipal 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: | and the second of the second o | Sanda makala ka Badannaka kannon manan mangulung nga sanan manan mangulung nga sanan manan mangulung nga sanan |
| Address: | POPULATION AND TRANSPORT AND | kateriorikan meteori ete aratta aratta sistam kan |
| Name: | (BREWSON-AV | |
| Address: | | |
| | REAS OF PRACTICE re attorneys-at-law only.) | |
| List your major areas of practice. If associated with a law firm, list t | | irm. |
| Name and Address of Firm | Major Areas of Practi (self) | ice Major Areas of Practice (firm) |
| Name: | # # # # # # # # # # # # # # # # # # # | |
| Address: | in a second seco | Market of the state of the stat |
| Name: | COCCUTACACION - Anno prima pri | invention of the state of the s |
| Address: | 16.75 H 18.75 | ALL VARIANCE AND A STATE OF THE |
| | 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 o | jifts. If none, check the box. |
| None | k pojektej mana karanta karanta arantak kan karanta karanta karanta kan karanta kan karanta ana ana ana ana ka Kan karanta karanta karanta aranta karanta karanta karanta karanta karanta karanta karanta karanta ana ana kara | |
| Name and Address of Source | | Kind of Income (investments, leases, etc.) |
| Name: ME Public Employee Retirement S Address: 46 State House Station August | System | Retirement |
| Address: 46 State House Station Auguste | ME 04333- 0046 | |
| Name: | s is able to be able t | |
| Address: | D P I AND A STATE OF THE STATE | |
| | 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 | ore that you received during the re relative. If none, check the box | porting period, and list the major |
| None | · en-month processed and control of the month of the mont | OCOMMINATION AND THE PROPERTY OF THE PROPERTY |
| Name and Address of Creditor | | Principal Type of Economic Activity of Creditor |
| Name: | Anna de ser en | |
| Address: | | |
| Name: Address: | de antivisación de la constitución de la constituci | |
| PART 6. REPO | PTARI F GIFTS | |
| List the specific source of each gift of more than \$300. Include gifts none, check the box | | an \$300 from a single source. If |
| None | (Milled Market and Conference of the Conference | YARTIYESSI SISSISSI SISSISSI SIAMARA KANAMARA ARANIN ARANI |
| Name of Source of Gift 1. | Name of So | urce of Gift |
| 2. | | ************************************** |

| PART 7. REPORTA | ABLE H | ONO | RARIA | | | | |
|---|--|---|--|--|--|--|--|
| List the source of any honoraria accepted for appearances or speech | | | ************************************** | | | | |
| None | ###################################### | - Comment Control | ACCESSION AND ACCESSION | | | | |
| Name of Source of Honoraria | | | N | ame of Source of Honoraria | | | |
| 1. | 3 . | | | | | | |
| 2. | 4. | | | | | | |
| PART 8. REPRESENTATION | BEFOR | E ST | ATE / | AGENCIES | | | |
| List each executive branch agency before which you represented o the box. | or assiste | othe | ers for | compensation of any amount. If none, check | | | |
| None | United States of the States of | D#/##DB###### | | | | | |
| Name of Agency | | | | Name of Agency | | | |
| 1. | 3. | | | | | | |
| 2. | 4. | | | | | | |
| PART 9. BUSINESS WI | ITH STA | TE A | GENO | CIES | | | |
| List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box. | ır immedi | ate fa | mily so | old goods or services with a value in excess of | | | |
| None None | | in the second | mith-philippe consumer. | | | | |
| Name of Agency | | | | Name of Agency | | | |
| 1. | 3. | | | | | | |
| 2. | 4. | | | | | | |
| PART 10. INCOME RECEIVED BY M | /EMBEF | RS O | FIMM | EDIATE FAMILY | | | |
| List the type of economic activity representing each source of incon (ren) during the reporting period and the kind of income represented. "D" for income received by dependents. | me of \$1, L. Do not | 000 c includ | r more le gifts | received by your spouse or dependent child Circle "S" for income received by spouse or | | | |
| Type of Economic Activity Representing Source of Income Received | | | cle priate ler | Kind of Income | | | |
| . 1. | | S | D | | | | |
| 2. | | S | D | Partition of resistant control and control | | | |
| 3. | | S | D | demandration for the second of the second sec | | | |
| 4. | | S | D | The second secon | | | |
| SIGNA | TURE | | | | | | |
| A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A) | oject 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 | the Comr | nissio | on con | cludes that it appears that a Legislator has | | | |

willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

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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