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 2008.									
LEGISLATOR INFORMATION									
Name Jonathan McKane		Member of: ☐ House ☐ Senate							
Name Joratha Mokane Mailing address Bay View City, zip code New cache, Me.	District 5 /								
City, zip code New caste, Me.	Phone 563-5427								
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							
Self	Same								
	HANNING COCQOOLS BULK ANALA AND TO TO COCCURE AND BULK AND THE COCCURE AND ANALAS AND THE COCCURE	- CONSIDERATE AND							
	RIVED FROM SELF-EMPLOYMENT ors 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: MCKANE Electric Address: 30 BAY view Newcotte	Electrical Contrada	Sole Prof.							
Name: Address:	en e								

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT o are self-employed.)
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the	epresents more than 10% of your gross income or \$1,000, whicheve entity or person from whom you derived such income. If this form essional ethics, specify only the principal type of economic activity
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	V.
Name:	ASERBANA
Address:	- Participant of the Control of the
Programme and the second secon	REAS OF PRACTICE re attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list t	Control of the contro
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	NOTAL RELATED
Name:	Experience of the control of the con
Address:	MANUSCY 1
	DURCES 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	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	EEE vesikvala
Address:	
Name:	
Address:	
	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	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	1
Address:	
PART 6. REPO	RTABLE GIFTS
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more than \$300 from a single source. I
None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speec	hes relate	d to y	our off	icial duties. If none, check the box.			
□ None							
Name of Source of Honoraria			N	ame of Source of Honoraria			
1.	3.						
2.	4.	**************************************	207 70000000000000000000000000000000000	- COL-30000004-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
PART 8. REPRESENTATION	BEFOR	E ST	ATE /	AGENCIES			
List each executive branch agency before which you represented of the box.	or assisted	othe	rs for	compensation of any amount. If none, check			
None			***************************************				
Name of Agency	Color			Name of Agency			
1.	3.						
2.	4.		nadoveko kolederik zakoleki	variford variable for the contract of the cont			
PART 9. BUSINESS W	ITH STA	TE A	GENC	DIES			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immedia	ite fa	nily so	d goods or services with a value in excess of			
☐ None	Profits resiscutores de la companya		etarricareniili etimoso.				
Name of Agency		obed, evely livery ly		Name of Agency			
1.	3.						
2.	4.	Cold State Cold State on the	***************************************	00000000000000000000000000000000000000			
PART 10. INCOME RECEIVED BY	MEMBER	s oi	- IMM	EDIATE FAMILY			
List the type of economic activity representing each source of incorporation (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,0	000 o	r more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Receiv	ved	Cir appro lett	priate	Kind of Income			
1.		S	D				
2.	***************************************	S	D				
3.		s	D	mentalan dan dikanan menungkan menungkan mengalakan dan dikanan dan dikan menungkan dikan dikan dikan dikan di			
4.	······································	S	D				
		<u> </u>	<i>ب</i>				
SIGNA	TURE						
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	bject to a	fine	of \$10) per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Comm	nissio v Ge	on con neral.	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)							

Date

Signature

NAME: DA						DATE:	DATE:					
ADDRESS:	NAMENTAN AND AND AND AND AND AND AND AND AND A			**************************************	detilident (1909) er e en en en er en	O CONTRACTOR AND	**************************************	(MAN) (В Манистания по	TO THE RESIDENCE AND ADDRESS OF THE PROPERTY O	TELBERT BY PASTERN (PANET) PERPE	and an experience of the second se	
				ADD	ITIONAL IN	FORMA	TION					
Please provide information you	any additional are providing.	information	below	(and or	additional	sheets	if needed).	Indicate	the part or	section	number	for the
Part/Section Number		No de Paris de Nada (1921), la marcia de la come come manero mante e										
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