Office: 242 State Street, Augusta, Maine



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 pre	eviously filed statement for the calendar year	r 2008.	
	LEGISLATOR INFORMATION		
Name Everett W. McLe Mailing address	Member of: ☐ House ☐ Senate District		
POBOX 155 City, zip code Lee Me 04	# // Phone 202-738-3255		
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AN	OTHER	
List the name and address of each employ principal type of economic activity of each er	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Davis Brothers INC	86 QECESS Rd. ChesTer, Me. 04457	Regional SALES Mgr. Outside SALES	
STATE OF MAINE	AUGUSTA Me	Representative	
CONSOLIDATED ELECTRICAL DIST.	WestLAKE CALIFORNIA	Pension	
	OME DERIVED FROM SELF-EMPLOYMENT Legislators who are self-employed.)	NT	
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the major areas of e	economic activity from which you ilar 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: EvereTT McLeod		1	
Address: Lee Me, 04455	SehF LAND LEASE	Wood Cutting	
Name: First Wind Address:	LAND LEASE	hand hease	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYN o 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 greentity or person from whom you de	rived 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:	· · · · · · · · · · · · · · · · · · ·	
Address:	m vilkann vilkalasioin vilkasion vira esistem kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kildi valta kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kildi valta kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kildi valta kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kildi valta kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole andre an apart met kildiga suuraisiden siidesti vilkasia kannan ole an apart met ki	maker kantina sasan a nangannya 400000 sa sasan sa
Name:		
Address:		
	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t	with the control of t	1981 (1872) Social metros procesas procesas (1871) (1871) (1872) (1872) (1874)
Name and Address of Firm	∦ Major Areas of Practi √ (self)	ce Major Areas of Practice (firm)
Name:	17 17 17 17 17 17 17 17 17 17 17 17 17 1	and the second s
Address:		
Name:		
Address:	St. Co.	
	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 g	ifts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: BANGO8-SAVINGS BANK MACHIA Address: L', NCOLN Me 1:1/C Name: L'INCOLN FEDETAL Cred; TUNION	15 SAVINGS BANK	DAVINGS CD'S
Address: L', N cohn Me 1:1/C	du Me	old Milliohann vertregt (ggr) (1878) Milliohan Milliohan Milliohan vertregt (1888) Milliohann vertregt
Name: LINCOLN FEDERAL CRED, I UNION	re Principal de Librardo	c D
Address: LINCOLN, Me	AN HELD AND AND AND AND AND AND AND AND AND AN	*
	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas 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		487/00/2009
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	SCHOOL AND	00000000000000000000000000000000000000
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 th	an \$300 from a single source. If
None	California in the control of the c	money militarik volji (1,11,11) (1,11
Name of Source of Gift 1.	Name of So	urce of Gift
2.	4.	rre-re-re-re-re-re-re-re-re-re-re-re-re-

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.							
☑ None							
Name of Source of Honoraria Name of Source of Honoraria							
1.	3.						
2.	4.						
PART 8. REPRESENTATION	BEFO	RE ST	ATE A	GENCIES			
List each executive branch agency before which you represented of the box.	r assist	ed othe	rs for o	compensation of any amount. If none, check			
None		**************************************					
Name of Agency							
1.	3.						
2.	4.						
PART 9. BUSINESS WITH STATE AGENCIES							
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.							
None		······································	mduussassusumauassuu				
Name of Agency			Control of the Contro	Name of Agency			
1.	3.						
2.	4.						
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY							
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.							
Type of Economic Activity Representing Source of Income Received		Circle appropriate letter		Kind of Income			
1.		S	D				
2.	nama manda manana di	S	D	мен менен жана жана жана жана жана жана жана			
3.	***************************************	S	D	AND COMMENTAL AND			
4.	accereanna de comencereanna.	S	D				
SIGNATURE							
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	oject 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 the Commission concludes 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)

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		ADDI	FIONAL INFORMA	TION		
Please provide any ad information you are prov	ditional information diding.	below (and on	additional sheets	if needed).	Indicate the part or s	ection number for the
Part/Section Number						
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