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 <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 17, 2009**.

☐ Please check if this is an update to a previous	sly filed statement for the calendar year 2	008.			
LEGISLATOR INFORMATION					
Name		Member of:			
H SAWIN MILLETT	☐ House ☐ Senate				
Mailing address 37 GOLDEN GUERNS	District				
Mailing address 37 GOLDEN GUERNS City, zip code WATERFORD ME	Phone 575-4842				
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			
N/A					
Commission (Commission Commission		erstensonssist vilkakuutsisteleikin eleken eleken ja onagan kannan eleken ost suotettiisi kultusia kannan kann			
		and processors to the state of			
Annual Co. Compactor.					
	PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT				
(For Legislators 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: MILLETT FAMILY FARM	BEEF CATTLE, HAY PRODUCTION				
Address: WATERFORD, ME	PHIDUCTION	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Name:	AN THE STATE OF TH	of the second se			
Address:	a de la companya de				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLO o are self-employed.)	YMENT
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 you entity or person from whom you	derived such income. If this form 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:		
Control of the Contro	REAS OF PRACTICE	
(For Legislators who as List your major areas of practice. If associated with a law firm, list t	e attorneys-at-law only.) he major areas of practice of you	ır firm.
Name and Address of Firm	Major Areas of Prz (self)	Commission of the Commission o
Name: Address:	The state of the s	PER
Name: Address:	Link Ashin Addin Person	
	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 includ	e gifts. If none, check the box.
│	enementalisti jähdestä ja metetta maattavatapaallijotenaparan siima joha oli siiki jähdes maaitavataipiistavaa	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: MAINE PUBLIC ENPLOYERS LETTREMENT & Address: AUGUSTA ME	SYSTEM	RETILEE PENSION
Name: Address:		The state of the s
	ABLE LÍABILITIES	
List the names of creditors for any unsecured loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box.	reporting period, and list the major.
None	. The state of the	"Yalioofaa waxa kaanii kaanii yaya waxa ii
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		-
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box		e than \$300 from a single source. If
L None	**************************************	YPT STATE (TO STATE AND
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4. ·	

PART 7. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or speed					
E None				engalasi disebahkan mengangan pengangkan disebahkan mengangkan disebahkan mengan disebahkan kemengan disebahkan	
Name of Source of Honoraria			N	lame of Source of Honoraria	
1. 3.		3.			
2.	4.		24	00000000000000000000000000000000000000	
PART 8. REPRESENTATION	BEFO	RE ST	ATE /	AGENCIES	
List each executive branch agency before which you represented the box.	or assist	ed othe	ers for	compensation of any amount. If none, check	
None	ENGINEERING COMMISSION OF THE PROPERTY OF THE		***************************************		
Name of Agency				Name of Agency	
1.	3.	3.		•	
2.	4.	o-commono Caluman Autoria	on homelen vegetterfar fåretle	TO THE CONTRACT OF THE CONTRAC	
PART 9. BUSINESS W	ITH ST	ATE A	GEN	SIES	
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	inaus Accession in which might continue to	Y2(2)882303436666666666666666666666666666666666	······································		
Name of Agency			V Dent HERRICAN	Name of Agency	
1DAGS - MAINE LEADERSHIP INST	3.				
2.	4.				
PART 10. INCOME RECEIVED BY I	20.11 10.10 12.11	2	· Securit Visites		
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 Do no	1,000 c ot 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		Circle		N-1-24.	
770 of Economic Activity (representing Source of income Received		appropriate letter		Kind of Income	
1. WA		S	D		
2.		S	D		
3.		S	D	And the converse of the conver	
4.	Alaka Araba Ar	S	D		
SIGNATURE					
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)					
The intentional filing of a false statement is a Class E crime. If	the Con	nmissio	ni 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)

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