

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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RECEIVED JAN 8 0 2009

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## 2008 STATEMENT OF SOURCES OF INCOME (FINE 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									
	SLATOR INFORMATION										
Name Torry K. Morrison		Member of:  ☐ Senate									
Mailing address () 18 B Street.	District										
City, zip code South Portland Me	Phone 207-931-0628										
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									
JP Thornton's 740	Broadway South Port	and me Restaurant									
	DERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)										
A. List the name and address of your business, derived income. If associated with a partnership, fareas of economic activity of that entity.	if any, and list the major areas of ed	conomic 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:		registration control to resistants design from a research registration of the first state of the									
Name: Address:	TOTAL SALES AND A CONTROL OF THE SALES AND A CON	THE STATE OF THE S									

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYME o are self-employed.)	kт
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 gros entity or person from whom you derive essional ethics, specify only the princip	ed such income. If this form of pal type of economic activity of
Name and Address of Source	Ac	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name: .	THE PROPERTY OF THE STATE OF TH	the American American and American Amer
Address:		
Name:	(PROCESSANDER)	O COMMINION MATERIAL PROPERTY AND THE CONTRACT OF THE CONTRACT
Address:		
	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the		
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice
Name:	(SCII)	(firm)
Address:	nionillon i menn	W 1811-1911/181
Name:	$(abblive-regression) + a_2 + a_3 + a_4 + a_5 + a_4 + a_5 + a_4 + a_5 +$	Miles and the second control of the second c
Address:	N. helid (stocker)	NATIONAL STATE OF THE STATE OF
PART 4. OTHER SO	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include gifts	If none, check the box.
□ None	V PB (A BBA) er	- 1919-1818 - Andréid de Arden einer-Affill (1919-1820) - Britische eine der Art Affill (1800) Andréid (1800) A
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	AND THE PROPERTY AND	
Name:	Letter and American	
Address:		
PART 5. REPORT.  List the names of creditors for any <u>unsecured</u> loans of \$3,000 or me areas of economic activity of each creditor. Do not list loans from a	ore that you received during the repor	ting period, and list the major
None	relative. If none, check the box	ADDITION DO CICIANS SA INSPERSAGE INSPERSAGE DE CONCILIANS AND ENVIRONMENT ENVIRONMENT DE CONCILIANS AND ENVIRONMENT ENVIRONME
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address;	A	
Name:	CHARLES AND	997.00 milli hannin maraqan qaraqan 1980 dan hannin maraqan 1988.00 1880 ka sanan ayan ayan 1981.00 <b>19</b> 90.00 199
Address:		
PART 6. REPOI		
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. If
None	e. This is now were sensitive to the manifest in which is now to the constraint of the constraint in t	
Name of Source of Gift  1.	Name of Source 3.	e of Gift
2.	4.	Solvenierse entrativos coccisios con constituidos en entre en entre pero concisio de constituidos de la entre entr

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PART 7. REPORTA				
List the source of any honoraria accepted for appearances or speech.  None	thes related	l to yo	ur on	icial duties. It none, check the box.
Name of Source of Honoraria		Singer S	N	ame of Source of Honoraria
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2.	4.	1988919988 - AGN. AG	Zillikablodorommungs	THE TRANSPORTER STATE OF THE TRANSPORTER OF THE TRANSPORT OF THE TRANSPORTER
DADT 9 DEDDECEMENTION	HEFAR			
PART 8. REPRESENTATION  List each executive branch agency before which you represented o the box.				
None	***************************************	lemaner manner (1975) (1976)	ACCULATION NAMED AND ADDRESS OF THE PARTY OF	
Name of Agency				Name of Agency
1.	3.			
2.	4.	***************************************	SCEROOLS SANCTON	en e
PART 9. BUSINESS WI	ITH STAT	EAG	EN(	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.	The second secon		200	
None	~#************************************	»«««»anauriana	000000 · · · · · · · · · · · · · · · ·	
Name of Agency		Single of the second	Yes	Name of Agency
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2.	4,	**************************************	0025tabelant-maner	
PART 10. INCOME RECEIVED BY N	MEMPED		10060	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,00	00 or	more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Receiv	ved a	Circle oppropri lette	iate	Kind of Income
1.	12.1 13.1 (Section 2012)	S	D	
2.		s	D	
3.		s	D	
4.	•	S	D	
SIGNA	TURE			
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	bject to a	fine c	of \$10	) per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	the Comm	issior Gen	con:	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	to file a req on every o	quired auesti	state	nd shall be precluded from voting on any
				/ /

Date

Signature

NAME:	DATE:												
ADDRESS:	ANTERIOR PROTECTION CONTRACTOR AND AN ARRAY CLASS (AND AND AN ARRAY CLASS (AND AN ARRAY CLASS (AND AN ARRAY CLASS (AND AND AN ARRAY CLASS (AND AN ARRAY CLASS (AND AND AN ARRAY CLASS (AND AND AN ARRAY CLASS (AND AND AND AND AND AND AND ARRAY CLASS (AND AND AND AND AND AND AND AND AND AND		***************************************		idikakananananananan ora vaasiinnaa	TO THE OWNER OF THE PROPERTY O	о у на потрава на того на посто на пос Посто на посто на по	WATWOOT MESON MESON SELECTION		**********	###***********************************	**************************************	MAMemorran version in communications
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the pa	rt or	section	number	for the
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