



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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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.

	LEGISL	ATOR INFORMATION			
Name			Member of:		
Name JOAN M. NASS	Member of. ☐ House ☐ Sena				
Mailing address		n de desemble de 1880 (1	District		
70 Box 174		144			
City, zip code ACTON ME OHT		Phone			
HCTON ME OTO		207/477-260			
PART 1. INC	OME DERIVE	ED FROM EMPLOYMENT BY A	NOTHER		
List the name and address of each en principal type of economic activity of each	nployer from v ch employer.	whom you received compensat	ion of \$1,000 or more. Speci		
Name of Employer		Address	Principal Type of Economic Activity of Employer		
STATE of MAINE	Aug	WSTA, MAINE	LEGISLATURE		
	ni da nemera e para mangantan da nemera na				
			CONTRACTOR OF THE AMERICAN CONTRACTOR OF THE CON		
PART 2.		RIVED FROM SELF-EMPLOYN	IENT		
A. List the name and address of your		ors who are self-employed.)	f a a a z z z z z z z z z z z z z z z z		
derived income. If associated with a pa areas of economic activity of that entity.	artnership, firm	n, professional association, or s	in economic activity from which imilar business entity, list the i		
Name and Address of Business E	ntity	Major Areas of Economic Activ (self)	Major Åreas of Economity Activity (partnership, association or solutions of solutions and the solutions are solutions)		
Name: Address:			reference on the gift of the CLE of the Clean Cl		
Name:			• • • • • • • • • • • • • • • • • • •		
Address:					

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLO no are self-employed.)	YMENT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profithe entity or person from whom the income was derived.	represents more than 10% of your	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: NA	and the second s	The share and in the share of t
Name: Address:	VANDER STANDERS FOR THE	
PART 3. MAJOR A	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		r firm
Name and Address of Firm	Major Areas of Pra (self)	Name and the control of the control
Name:	All had a discovery constraints of the constraints	
Name: Address:	The state of the s	300000333888-0
PART 4. OTHER SC	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2		e gifts. If none, check the box.
None	9996671912.081.7	- SPEC CONTROL BRIDG & SUL-WILL A ANGERS (SPEEK) (**** (SPEEK) BRIDG & ALAN AREA - SANGAR (SPEEK) AND A LANGAR (SPEEK)
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: MAINE PUBLIC EMPLOYEES DETIN Address: AUGUSTA, MAINE		Pension
Name: YORK COUNTY FEDERAL CREDIT Address: 1516 MAIN ST., SANFORD, M	VNIDA.	INVESTMENT
	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	nore that you received during the relative. If none, check the box	reporting period, and list the major
Mone	OCCUSION And Antimore of the second s	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	der formen and a second	
Name:	WARRIAN AND THE PROPERTY OF TH	percentage and the second seco
Address:	Elizabeth and an analysis of the second analysis of the second analysis of the second and an analysis of the second and analysis of the second and an analysis of the second and an analys	
PART 6. REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		than \$300 from a single source. If
None		\$55.5 (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Name of Source of Gift 1.	Name of S	Source of Gift
2.	4.	

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PART 7. REPORT		estimate de la companya de la compa		
List the source of any honoraria accepted for appearances or speed	ches rela	ated to y	our of	ficial duties. If none, check the box.
None	negovernos controles.	Security description of the security		
Name of Source of Honoraria			N	lame of Source of Honoraria
1.	3.	iewennageepgennennennaggygg	PHOCYCOCOMON	
2.	4.			
PART 8. REPRESENTATION	N BEFC	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	or assis	ted othe	rs for	compensation of any amount. If none, check
None	***************************************	330000000000000000000000000000000000000	komonen eranger prep <u>i</u> nge	1980-000-000-000-000-00-00-00-00-00-00-00-
Name of Agency				Name of Agency
1.	3.			•
2	4.			
PART 9. BUSINESS W			17 (5.00)	
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur imme	diate far	nily so	old goods or services with a value in excess of
✓ None	When Saled and December 2015		eremannikassiteralaum.	
Name of Agency	And the second second second	wilkelationilean commiss	oenvinoestekken	Name of Agency
1,	3.	SAA hawan ada awaa waxaa aa	***************************************	
2.	4.			
PART 10. INCOME RECEIVED BY	MEMB	ERS OF	- IMM	EDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	me of \$ d. Do n	1,000 or ot includ	r more le gifts	e received by your spouse or dependent child c. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Recei	ived	Circ approp lett	oriate	Kind of Income
1. LEGISLATO,2		(s)	D	EMPLOYMENT
2 INTEREST DYLDENIE CAPTRAL GAIR	NS	(s)	D	EMPLOYMENT
3.		s	D	
4.		S	D	
SIGN/	ATURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject 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 Co	mmissio	n con	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)

NAME:	DAN M. NASS	one,		DA	TE:)/25	109	45)		
ADDRESS:	POBOX 174	ACTON	ME	****************************		remain deme ntation <u>e</u> ntrevententente ministration de la constitución	THE STANDARTHE CHECKER STANDARD AND AND AND AND AND AND AND AND AND AN		
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Please provide information you	any additional information	below (and on a	dditional she	ets if neede	ed). Indicate the	part or section	number for the		
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L.\	OTHER SOUR								
•	GENERAL ELECTRIC COMPANY NEWARK, NJ						INFERMENT		
	GENERAL POBox R	GECTUC 1838, Pro	M.O.	TYPE S	2011WZ	INVEST	THAN		
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