Office: 242 State Street, Augusta, Maine



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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.

☐ Please check if this is an update to a previously	filed statement for the sales day year	2009		
	LATOR INFORMATION			
	LATOR INFORMATION			
Mary Pennell Nelson	Member of: ☐ House ☐ Senate			
Mailing address 213 Foreside Rd.	District 112			
Mary Pennell Nelson Mailing address 213 Foreside Rd. City, zip code Falmouth, 04105	112 Phone 78/-3750			
PART 1, INCOME DERIV	/ED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer from principal type of economic activity of each employer.	whom you received compensation	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
Retired				

TOTAL TO THE REPORT OF THE PROPERTY OF THE PRO		THE PROPERTY OF THE PROPERTY O		
	ERIVED FROM SELF-EMPLOYMEN tors who are self-employed.)	T		
A. List the name and address of your business, if derived income. If associated with a partnership, fir areas of economic activity of that entity.	any, and list the major areas of edm, professional association, or similar	conomic activity from which you ar business entity, list the major		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Áreas of Economic Activity (partnership, association or similar business entity)		
Name:		*** **********************************		
Address:				
Name:	eller or man de la companya de la co			
Address:				

PART 2 (continued). INCOME DE		YMENT	t.		
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.	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:	annan maran 1904 maran marang ng 1914. Ping 1904 taon 250 a kilabah kabah 2 Salabah 19 Salabah 1904 bahari Amad	100 mm	rt tragger en steten en e		
Address:					
Name:					
Address:		377	-		
	REAS OF PRACTICE re attorneys-at-law only.)	And the second s			
List your major areas of practice. If associated with a law firm, list t	and the first of t	reconstant and a			
Name and Address of Firm	Major Areas of Pra (self)	actice	Major Areas of Practice (firm)		
Name:					
Address:	AD 44				
Name:			<u></u>		
Address:	SCA, ODS. D. TVVII				
	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	le gifts. I	f none, check the box.		
None		handig i'ng haddigaag kaadaag ee peradaa ay y			
Name and Address of Source		(in	Kind of Income vestments, leases, etc.)		
Name: 212 Associates Address: 212 Canco Rd., Portland, ME O		Res	ntal Income		
Address: 212 CancoRd., Portland, ME O	4103				
Name: A.G. Edwards/ Wachovia Securitie	lov	estment estment			
Address: TD Banknorth		lnve	estment		
PART 5. REPORT					
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 relative. If none, check the box	e reportin	g period, and list the major		
None	talan er en		ekkingangan pangan (pengangan mang kininga kiningga kengahan) kinawa sakunahan mumumunan pangan pangan pangan		
Name and Address of Creditor		Prir	ncipal Type of Economic Activity of Creditor		
Name:			maaminin kanadig garamig dan garaminin kanin kanadig kanadig kanadig kanadig kanadig kanadig kanadig kanadig k		
Address:		essa i Austrava a			
Name:		725	000000 MPC00 MA 0000 MA 000 MA		
Address:		na manama			
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 mor	e than \$3	300 from a single source. If		
None	18 f. d. a. 1 comb con y anno a trong on france france france and a supplemental france (France France France Administration A	er e tig tig tignered er netermenne en en tradisco	· · · · · · · · · · · · · · · · · · ·		
Name of Source of Gift 1.	Name of 3.	Source of	of Gift		
2.	4.	COCOCCCCAnemies resignates exemples re-			

PART 7. REPORT	ABLE HON	ORAR	I				
List the source of any honoraria accepted for appearances or speed	and the second s						
None None	20 district and a second secon	Security of the Control of the Contr					
Name of Source of Honoraria			Name of Source of Honoraria				
1.	3.						
2.	4.	0.0002 in a Contraction of the American Contraction (Contraction Contraction Contractio					
PART 8. REPRESENTATION	N BEFORE	STATE	AGENCIES				
List each executive branch agency before which you represented the box.							
None		Malanananananananananananananananananana					
Name of Agency			Name of Agency				
1.	3 .						
2.	4.						
PART 9, BUSINESS W	/ITH STATE	AGEN	ICIES				
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 immediate	family s	sold goods or services with a value in excess of				
None	**************************************	······································					
Name of Agency			Name of Agency				
1. Pre Release Center, Hallowell 2. Univ. of Southern Maine 4.							
2. Univ. of Southern Maine	Univ. of Southern Maine 4.						
PART 10. INCOME RECEIVED BY I							
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 d. Do not inc	or moi lude gift	re received by your spouse or dependent child ts. Circle "S" for income received by spouse or				
Type of Economic Activity Representing Source of Income Recei	ived ap	Circle propriate	Kind of Income				
1. Executive - CEO, Nelson & Small	(s	letter D	5-la landaman				
		consultinum access	Salary/employment Rental Income				
2. Landlord	<u>(s</u>) D	Kentel Incone				
3.	S	D					
4.	S	D					
SIGNA	TURE						
A Legislator who willfully fails to file a required statement is su	bject to a fi	ne of \$	10 per business day until the report is filed.				
	the Commis	eion co	analydae that it annears that a Logislator has				
3. 4. SIGNA	S ATURE	D D ne of \$	10 per business day until the report is file				

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)

Signature

NAME:	DATE:								1800 til State Sta		
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Please provide information you	any additional are providing.	information	below (and o	n additional	sheets if need	ded).	Indicate the p	part or	section	number	for the
Part/Section Number			, Ph. S. C. S. Sand, and State and an artist and an artist and artist artist and artist artist and artist artist and artist and artist artist and artist artist artist and artist				VV (2004), W (2004) belga anakatiga (2004) anakatikahatikahatikahatikahatikahatikahatikahatikahatikahatikahatikah				endende Verden fall Albeitigen gen
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