Office: 242 State Street, Augusta, Maine



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)

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

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.

LEGISLATOR INFORMATION

ING	Member of:			
1	District			
	_			
	78			
3	, , ,			
2	Phone 465-7139			
OAKLAND 04963				
ED FROM EMPLOYMENT BY ANOT	THER			
whom you received compensation o	f \$1,000 or more. Specify the			
Address	Principal Type of Economic Activity of Employer			
NTONUILLE, AR	TETAIL THARMACY			
i de la companya de				
AKBOKOUGH, INE	BUYING GROUP			
and the second s	·			
RIVED FROM SELF-EMPLOYMENT ors who are self-employed.)				
any, and list the major areas of ecom, professional association, or similar	onomic activity from which you r business entity, list the major			
Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)			
	f the field of the terminal transfer and a finite terminal transfer and the first terminal and the first field and the first f			
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	generation notation and characteristic and the control of the cont			
Wilder Control of the				
	whom you received compensation of Address NTONUILLE, AR 7 PLEASAINT HILL RD. ARBOROUGH, INE RIVED FROM SELF-EMPLOYMENT ors who are self-employed.) any, and list the major areas of economic professional association, or similar major Areas of Economic Activity			

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYME of are self-employed.)	NT
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 prof the entity or person from whom the income was derived.	entity or person from whom you derivessional ethics, specify only the princi	ed such income. If this form of pal type of economic activity of
Name and Address of Source	/ Ai	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name:	TO TO A STATE OF THE STATE OF T	
Address:		
Name: Address:	Bullway	Í
	REAS OF PRACTICE	
(For Legislators who a List your major areas of practice. If associated with a law firm, list t	e attorneys-at-law only.)	
Name and Address of Firm	Major Areas of Practice	Major Areas of Practice
	(self)-	(firm)
Name: Address:	A A A A A COLOR OF THE A COCCUS OF THE A COCCU	(1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1
Name:	088000000400466444444444444444444444444	
Address:	CERCITATION CONTRACTOR	
The state of the s	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	s. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: PHARMACY GROUP OF NEW E. Address: SUARBOROUGH, ME	NGKAND :	STOCK
Address: SPABOROUGH, ME		DIUIDENDS
Name:	ALAKTANILANG	
Address:		
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	ABLE LIABILITIES ore that you received during the reportelative. If none, check the box	rting period, and list the major
E None		4
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	A ACTUA AN A-1-1-1 AN	
Address:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name: Address:		
	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		\$300 from a single source. If
None	international description of the second seco	(VY)(SIGNO) MARIO (MARIA MARIA
Name of Source of Gift 1.	Name of Source 3.	e of Gift
2.	**************************************	M4400445304053000034644444444444444444444

PART 7. REPORT	ABLE	номо	RARIA	
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				,
Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.			
2.	4.	000000000 /000000000000000000000000000	**************************************	Kon-Silvinorum 9 8 - MEDIORETORE CENTRO CENTRO CENTRO CONTROL
PART 8. REPRESENTATION	N BEFC	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	or assist	ted othe	ers for	compensation of any amount. If none, check
None		THE COLOR OF CHEST COLOR COLOR COLOR		
Name of Agency				Name of Agency
1.	3.			
2.	4.			
PART 9. BUSINESS W	/ITH ST	ATE A	GEN	CIES
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 imme	diate fa	mily so	old goods or services with a value in excess of
None	380200000000000000000000000000000000000	*Arroll (* 40 Primork) (* National Laur		
Name of Agency	Sel visited de the steet			Name of Agency
1.	· 8.			
2.	4.			
PART 10. INCOME RECEIVED BY	MEMBE	ERS O	FIMM	EDIATE FAMILY
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 o	r more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Recei	ved	Cir appro leti	priate	Kind of Income
1. QUEATION TECHNICIAN	inama nama ina ny aji ny salah	(S)	D	EMPLOYMENT
2.		S	D	\$ 100 miles 100
3.	vermender/installerschaftstates-de-	S	D	
4.	-	S	D	
SIGNA	TURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject 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 Cor	nmissio	on 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)

Signature

Date

NAME:	TO MARCHA STONES AS AN EMPLOYANCE — are case ricansinos em alcina	Terminatus in anti-meneralah kelanggan kecasa	THE MATERIAL PROPERTY OF THE P	MANASA PARASA PA	DATE:		COLUMN ALCOHOMOMOMOMOMOMOMOMOMOMOMOMOMOMOMOMOMOMO	PARAMENTATORTUMINININIANA	Material (AA) (All of the Space as a constructive state	SECTION OF PROPERTY AND ASSOCIATION OF THE PROPERTY ASSOCIATION OF THE
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		AE	DITIONAL	INFORM/	ATIÓN					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please provide any additional information you are providing.	information	below (and	on addition	nal sheets	if needed).	Indicate	the part o	r section	number	for the
Part/Section Number			economic supplies							
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