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)

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.										
LEGISLATOR INFORMATION										
Name Leila Jane Percy Mailing address 18 Sea Street City, zip code Phippsburg, Ma		Member of: ☐ House ☐ Senate								
Mailing address 18 Sea Street	District + UH									
City, zip code Phippsburg, Pho	Phone 201-389 - 2133									
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								
		Const. Const.								
	RIVED FROM SELF-EMPLOYMEN	T								
	ors who are self-employed.)	sonomia aativitu faan velista va								
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	Major Areas of Economic Activity								
	(self)	(partnership, association or similar business entity)								
Name: Leile Percy	Co-executor for Estate									
Address: 18 Sea Street	of Mary Elizabeth Robe	uts of Fletcher N.C.								
Name: Marker Com The High lands Address: Topsham Mame	of Mary Elizabeth Cobe played for private	e distribution of the state of								
Address: 1 cpsham Mauie	party									

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOT no are self-employed.)	YMENT					
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prothe 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: The Small out Club (1) Address: Philosophysa Man 01502	The Small Point Olub Club Road : Phippspurg, Manne 04562						
Name:	Може ж [†] - бастанов Марибания (положе в ченей в в ченей в ченей в предоставления (положения) положения в ченей в	privale party					
	REAS OF PRACTICE						
List your major areas of practice. If associated with a law firm, list	ire attorneys-at-law only.) the major areas of practice of your	r firm					
Name and Address of Firm	Major Areas of Pra (self)	**************************************					
Name:	1-1-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2						
Address:	Tage, propries						
Name:							
Address:	***************************************						
PART 4. OTHER 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	e gifts. If none, check the box.					
None	The state of the s	overweige wegen statistischen zu von der verweise der erstelle zu der 2000 von der verweise der verweise der v					
Name and Address of Source		Kind of Income (investments, leases, etc.)					
Name:		(III Countries, ICOSCO, Ctc.)					
Address:							
Name:		######################################					
Address:							
PART 5 REPOR	TABLE LIABILITIES						
List the names of creditors for any unsecured loans of \$3,000 or r	nore that you received during the	reporting period, and list the major					
areas of economic activity of each creditor. Do not list loans from a	relative. If none, check the box						
☐ None	and the state of t	and the second s					
Name and Address of Creditor		Principal Type of Economic Activity of Creditor					
Name:							
Address:	**************************************						
Name:	MANASA (Annual Annual A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Address:	ten flater en de deserve						
PART 6, REPO	ORTABLE GIFTS						
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more	than \$300 from a single source. If					
None	77 (25 25 MA) A A A A A A A A A A A A A A A A A A	0.00 (1.00 (
Name of Source of Gift 1.	Name of \$	Source of Gift					
2.	4.	ett 200000000 kan en					

PART 7. REPORTABLE HONORARIA								
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.								
☐ None	entrance in a manager angle in AMA militar	1944 Million of St. St. Million	tak alimining araw as a region o	en de la companya de				
Name of Source of Honoraria			N	ame of Source of Honoraria				
1.	3.							
2.	4,	edecision communication entra		All Control of the Co				
PART 8. REPRESENTATION	I 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	***************************************							
Name of Agency			Actual realise peace of a century	Name of Agency				
1.	3.							
2.	4.							
PART 9. BUSINESS W	ITH ST	ATE A	GENC	CIES				
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	7/8000000000000000000000000000000000000	veneral de de començario	arvaries a a anti-					
Name of Agency	S. C.	orani remove		Name of Agency				
	3.			·				
2.	4.							
PART 10. INCOME RECEIVED BY								
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 \$ d. Do no	1,000 c ot includ	r more de gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or				
Type of Economic Activity Representing Source of Income Recei	ved	Circle appropriate letter		Kind of Income				
1.		S	D					
2.	indexecological description (1985)	S	D					
3.	7:27886664186666446644444444444444444444444	S	D	The state of the s				
4.	77277.00000	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 \$10	0 per business day until the report is filed.				
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Cor	nmissi nev Ge	on con neral.	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 //53

17th February 2009 Date

NAME:	DATE:												
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ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the													
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