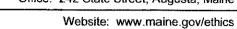
Office: 242 State Street, Augusta, Maine



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.

Mailing address 474 South St City, zip code Phone 297-214-7000 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 principal type of economic activity of each employer.	i lease check if this is an update to a previous	by mod statement for the calendar year.	4000.				
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify principal type of economic activity of each employer. Name of Employer Address Principal Type of Economic Activity of Employer Calais Regional Medical Service PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which derived income. If associated with a partnership, firm, professional association, or similar business entity, list the magon.	LEGISLATOR INFORMATION						
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derived income. If associated with a partnership, firm, professional association, or similar business entity, list the m	The state of the s		T				
	derived income. If associated with a partnership,	s, if any, and list the major areas of ec , firm, professional association, or simila	conomic activity from which you ar business entity, list the major				
Name and Address of Business Entity Major Areas of Economic Activity Activity	Name and Address of Business Entity		(partnership, association or similar				
Name: Address:	•						
Name:	Name:	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER					
Address:	Address:	•					

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLO are self-employed.)	YMENT
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.	presents more than 10% of your 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:	enen er mer er en men en men eine kom en men mille. Am ûn en en men er en en en er en en er en er en er en en e En en er en	egenementen ett et et en delen de dese et elemente betyr propriet i til delen delen delen delen delen delen de
Address:		· ·
Name:	Marie de de la marie marie propriet profit (de 1000 de	CONTRACTOR OF THE CONTRACTOR O
Address:		
	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list the	e attomeys-at-law only.) ne major areas of practice of you	r firm.
Name and Address of Firm	Major Areas of Pra	
Name:	est)	
Address:	er is i e las massins	· ·
Name:	· marker and the Communication of the Communication	
Address:	A hotala held held held held held held held held	NATA MERINA
PARTA OTHER SO	URGES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	A CONTROL OF THE PARTY OF THE P	e gifts. If none, check the box.
None	a. 南. 南. 南. 水水 (1967年) 1967年 (1967年) 1977年 (1967年) 1967年 (1967年) 1977年 (1967年) 1977年 (1967年) 1987年	CE, 18 Baddalla deler relaminaren 1991 - Arrier eta 21a eta 21a dalem eta 18 dere (h. 1872).
Name and Address of Source		Kind of Income
		(investments, leases, etc.)
Name: Address:		
		generalisti tiisikkii tii tala tala tala tala tala tala tal
Name: Address:		
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	ore that you received during the	reporting period, and list the major
None	CORRECTION OF THE PROPERTY OF	атогомовились на ненератического совил совить на ненератерительного полиция на ненератического полиция на нене На ненератического на ненератического совить на ненератического полиция на ненератического полиция на ненерати
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	To rest in the second of	The second se
Address:	200 AM 50 AM	
Name:		######################################
Address:		
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 more	than \$300 from a single source. If
⊠ None		
Name of Source of Gift 1.	Name of 3	Source of Giff
2.	**************************************	eer/Nemigen/1978/m.i.i.du.il/2020/M.Maamid waammyyyydd/1990/2020/2020/M.E.SAMia ee waa amee amee amee gyddyn yddiolaidii Albanid amee amee amee amee amee amee amee ame

PART 7. REPO)RTABLE I	НОМО	RARIA	
List the source of any honoraria accepted for appearances or s	peeches rela	ated to	your of	ficial duties. If none, check the box.
None				THE CONTROL OF SHEET TO PROPERTY TO AND
Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.			
2.	4.	***************************************	900 (100 (100 (100 (100 (100 (100 (100 (STREETINGSTEETING
PART 8. REPRESENTAT	ION BEFO	RE S1	ATE /	AGENCIES
List each executive branch agency before which you represent the box.	ted or assis	ted oth	ers for	compensation of any amount. If none, check
None		industrial and an agency	ur communication de la com	
Name of Agency				Name of Agency
1.	3.			
2.	4.			
PART 9. BUSINES	S WITH ST	ATE /	\GEN(DES
List each executive branch agency to which you or a member o \$1,000 during the reporting period. If none, check the box.	of your imme	diate fa	mily so	old goods or services with a value in excess of
None .	Andrew Commence of		t/Aramanu.comunication	and an artistic state of the second state of t
Name of Agency				Name of Agency
1.	3.			
2.	4.			**************************************
PART 10. INCOME RECEIVED I	BY MEMBI	ERS O	FIMM	EDIÄTE FAMILY
List the type of economic activity representing each source of (ren) during the reporting period and the kind of income represe "D" for income received by dependents.	income of \$ ented. Do no	1,000 c ot inclu	or 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 R	eceived	appro	rcle priate tter	Kind of Income
1.		S	D	
2.	**************************************	S	D	
3.	**************************************	S	D	en e
4.	adini-versioning engagement and an adini-version and an adini-version and an adini-version and adini-version a	S	D	
Sig	SNATURE			
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)	19.110.00000000000000000000000000000000	a fine	of \$10	o per business day until the report is filed.

The intentional filing of a false statement is a Class E crime. If the Commission concludes 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

NAME:	ANN	E REI	201/			DATE:	2/17/0	
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ADDITIONAL INFORMATION								
Please provinformation y	ide any /ou are p	additional info roviding.	rmation belo	ow (and on addit	onal sheets	if needed).	Indicate the part or	section number for the
Part/Section Number								
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