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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 file | d statement for the calendar year | 2008. | | | | |
|---|--|--|--|--|--|--|--|
| | LEGISLA | TOR INFORMATION | | | | | |
| Name | | | Member of: | | | | |
| MATCHEN PETERSON Mailing address 600 MANKOCK ST. | | | -P House | ☐ Senate | | | |
| I A Mar Your | | | District | | | | |
| City, zip_code | 10000000000000000000000000000000000000 | Phone | | | | | |
| City, zip code RUMFORD, ME 04276 | | 207.776.805 | | | | | |
| PART 1. IN | COME DERIVED | FROM EMPLOYMENT BY ANO | THER | | | | |
| List the name and address of each e principal type of economic activity of ea | employer from whach employer. | nom you received compensation | of \$1,000 or mo | ore. Specify the | | | |
| Name of Employer | | Address | | oe of Economic of Employer | | | |
| ALPHA ONE | 127 M | AIN St., SOUTH PORTUMD, ME 04/06 | 2, ME NON-PROFIC CENTREM 6 INDEPENDENT LIVING | | | | |
| BMP, LLC | MA | | ROTTOP. | MA NAGEMENT | | | |
| | | Re-sea-pro-910-0000-000-000-000-000-000-000-000-00 | 1884 _{— В} иббабайнын өөнүүн бөрөөрүү ороноо холоо ороноо ороноо ороноо ороноо ороноо ороноо ороноо ороноо ороноо оро | най-былганда жүргүү жүрүү кара байда б | | | |
| PART 2 | | VED FROM SELF-EMPLOYMEN s who are self-employed.) | 1 | | | | |
| A. List the name and address of you derived income. If associated with a pareas of economic activity of that entity | ur business, if an partnership, firm, | ny, and list the major areas of e | conomic activity lar business entil | from which you ty, list the major | | | |
| Name and Address of Business Entity | | Major Areas of Economic Activity (self) | Major Areas of Economic Activity (partnership, association or similar business entity) | | | | |
| Name: | | | nere empre e | e e e e e e e e e e e e e e e e e e e | | | |
| Address: | | | The state of the s | | | | |
| Name: | 4 | The control of the second seco | COMMENT COMMENTATION OF THE PROPERTY OF THE PR | en e | | | |
| Address: | | | | | | | |

| PART 2 (continued). INCOME DE | RIVED FROM SELF-EMPLOYMENT o are self-employed.) | |
|--|--|--|
| 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. | epresents more than 10% of your gross in entity or person from whom you derived | such income. If this form of |
| Name and Address of Source | Activ | ncipal Type of Economic ity of Entity or Person Who he Source of the Income |
| Name: | | |
| Address: | | 7.9.16.1633444454444444444444444444444444444444 |
| Name: | | |
| Address: | | |
| | REAS OF PRACTICE e attorneys-at-law only.) | |
| List your major areas of practice. If associated with a law firm, list t | he major areas of practice of your firm. | |
| Name and Address of Firm | Major Areas of Practice (self) | Major Areas of Practice (firm) |
| Name: | | |
| Address: | | |
| Name: | Managara and distribution of the second seco | kentenen annan antara tamba arawa arawa arawa arawa ka |
| Address: | | |
| PART 4 OTHER SC | DURCES OF INCOME | |
| List each source of income of \$1,000 or more not listed in Parts 1, 2 | | f none, check the box. |
| None | enderende ander d. C. S. a. | 99-A-L-CVV-CCR-American American Lawrence |
| Name and Address of Source | | Kind of Income |
| | (In | vestments, leases, etc.) |
| Name: Address: | VIII manifesti Marzona | · 自 · · · · · · · · · · · · · · · · · · |
| Name: | | ************************************** |
| Address: | | |
| PART 5. REPORT | ABLE LIABILITIES | |
| 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 relative. If none, check the box | g period, and list the major |
| None | Chara hanaya na mana manana na n | · |
| Name and Address of Creditor | Pri | ncipal Type of Economic Activity of Creditor |
| Name: | | |
| Address: | 2.00 A.00 A.00 | |
| Name: | AND THE RESERVE OF TH | *** 1555 -1664-1 465-1466-1466-1466-1466-1466-1466-1466-1 |
| Address: | | |
| PART 6. REPO | RTARI E GIETS | |
| List the specific source of each gift of more than \$300. Include gifts none, check the box | | 800 from a single source. If |
| None | TO 2000 M | anning the state of the state o |
| Name of Source of Gift 1. | Name of Source (| of Giff |
| жения при | ************************************** | 99-00-00-00-00-00-00-00-00-00-00-00-00-0 |

| PART 7. REPORTABL | E HONG | RARIA | |
|---|--|--|--|
| List the source of any honoraria accepted for appearances or speeches | related to | your offic | cial duties. If none, check the box. |
| None | PER | Commence of the Commence of th | |
| Name of Source of Honoraria | | Ne | me of Source of Honoraria |
| 1. | | | |
| 2. 4. | MINISTER, ACCESSIONISSACARIA (Accessor | 199924235102740351000445444e | 999-999-999-999-999-999-999-999-999-99 |
| PART 8. REPRESENTATION BE | FORE S | TATE A | GENCIES |
| List each executive branch agency before which you represented or as the box. | sisted oth | ners for c | ompensation of any amount. If none, check |
| None | | Budul-1000000000000000000000000000000000000 | |
| Name of Agency | | | Name of Agency |
| 1. · 3. | | | |
| 2. 4. | erecentralista consistence de encuence en | | 00000000000000000000000000000000000000 |
| PART 9: BUSINESS WITH | STATE | AGENC | ES |
| List each executive branch agency to which you or a member of your im \$1,000 during the reporting period. If none, check the box. | mediate f | amily sol | d goods or services with a value in excess of |
| None | ************************************** | Province and the second se | |
| Name of Agency | | | Name of Agency |
| 1. | | ************************************** | |
| 2. | минический при | ************************************** | ментический принципри образований принципри принципри образований прин |
| PART 10. INCOME RECEIVED BY MEN | BERS |)E IMME | DIATE FAMILY |
| List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents. | f \$1.000 | or more | received by your spouse or dependent child |
| Type of Economic Activity Representing Source of Income Received | appr | ircle opriate etter | Kind of Income |
| 1. | S | D | |
| 2. | S | Ď | ender der der der verster der verster der verster vers |
| 3. · | S | D | IS DANIES AND THE CONTROL OF THE CON |
| 4. | S | D | |
| | | | |
| SIGNATUR A Legislator who willfully fails to file a required statement is subject | 11.7500000000000000000000000000000000000 | AF 640 | |
| A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) | to a nne | e or \$10 | per business day until the report is filed. |
| The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the At | Commiss tomey G | ion conc eneral. | ludes that it appears that a Legislator has |
| If the Commission determines that a Legislator has willfully failed to flict the Legislator shall be presumed to have a conflict of interest on equestion in committee or in either branch of the Legislature, and sl (1 M.R.S.A. § 1019) | e a requir | ed state | ed shall be precluded from voting on any |

Signature

2.17.09

Date

| NAME: | DATE: | | | | | | | | | | | |
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| Part/Section Number | | | | | | | | | | | | |
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