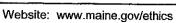
Office: 242 State Street, Augusta, Maine



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.

図 Please check if this is an update to a pr	eviously filed statement for the calendar year	2008.				
	LEGISLATOR INFORMATION					
Name Wendy Pieh	Member of: ☐ House ☐ Senate					
Mailing address	District					
PD 60x 303, 133 (City, zip code	S O					
Bremen 04551	Phone 529-5747					
PART 1, INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER				
List the name and address of each emplo principal type of economic activity of each e	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the				
Name of Employer	Principal Type of Economic Activity of Employer					
State of Maine	Augusta	Legis beture				
	· · · · · · · · · · · · · · · · · · ·					
	The second and the se	CONTROL CONTRO				
	COME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	T				
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major areas of ecership, firm, 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 Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address:	The second secon	response to the contract of th				
Name:	**************************************	HTT 2000MAINTHANNANNANNANNANNANNANNANNANNANNANNANNANN				
Address:		d day on the control of the control				

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYM no are self-employed.)	ENT			
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 gro	ved such income. If this form of cipal type of economic activity of			
Name and Address of Source	,	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:	2	infrancesen in bestät an een een projekt 1922 bildiskantaksen an een een en projekt 1922 bildiskilli bassen an een een een een een een een een ee			
Address:					
Name:		·			
Address:	Constitution of the Consti				
	REAS OF PRACTICE re attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list t		n.			
Name and Address of Firm	Major Areas of Practice (self)	e Major Areas of Practice (firm)			
Name: Sprinstide Farm	Farm				
Name: Springtide Farm Address: 123 Rial Herald Rd	2	tarm			
Name:	- windows and the contract contract of the con	to discuss the discussion of			
Address:	PERSONALIZATION	974A			
	DURCES 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 gif	ts. If none, check the box.			
□ None	**************************************	halfig had I falsa da paragangan garant g			
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name:	1 TERRITAN	TOTAL MET STATE PROGRAMMENT OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OT THE TOTAL CONTROL OT THE TOTAL CONTROL OT			
Address:	E CONTRACTOR CONTRACTO				
Name:	ta in na ina ina ina ina ina ina ina ina				
Address:	e A Carlo				
Contracting the state of the contraction of the con					
	ABLE LIABILITIES				
PART 5. REPORT 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	nore that you received during the rep	orting period, and list the major			
List the names of creditors for any unsecured loans of \$3,000 or m	nore that you received during the rep	orting period, and list the major			
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	nore that you received during the rep	orting period, and list the major Principal Type of Economic Activity of Creditor			
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 None	nore that you received during the rep	Principal Type of Economic			
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 None Name and Address of Creditor	nore that you received during the rep	Principal Type of Economic			
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 None Name and Address of Creditor Name:	nore that you received during the rep	Principal Type of Economic			
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 None Name and Address of Creditor Name: Address:	nore that you received during the reported from	Principal Type of Economic			
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 None Name and Address of Creditor Name: Address: PART 6. REPO List the specific source of each gift of more than \$300. Include gifts	nore that you received during the representative. If none, check the box	Principal Type of Economic Activity of Creditor			
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 None Name and Address of Creditor Name: Address: PART 6. REPO	nore that you received during the representative. If none, check the box	Principal Type of Economic Activity of Creditor			
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 None Name and Address of Creditor Name: Address: PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	nore that you received during the representative. If none, check the box	Principal Type of Economic Activity of Creditor n \$300 from a single source. If			

PART 7. REPORTA	ARI F HON)RARI	Δ.
List the source of any honoraria accepted for appearances or speech			
None	-MAN-enconferencemente en region (en entre en region (en en e	SEE AUtombile Accessory	
Name of Source of Honoraria		į	Name of Source of Honoraria
1.	3.		
2.	4.	######################################	
PART 8. REPRESENTATION		1,000,000,000,000,000,000,000,000,000,0	
List each executive branch agency before which you represented o the box.	or assisted ot	ners for	compensation of any amount. If none, check
None	THE RESIDENCE OF THE PROPERTY	The second secon	
Name of Agency			Name of Agency
1.	3.		,
2.	4.	vindrotrellarestareauditicismu	
PART 9. BUSINESS WI		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The state of the s
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The state of the s
None	e de la company	eder/consistence	
Name of Agency	Part of the second seco	Company of the control of the contro	Name of Agency
1.	3.		
2.	4-	480114019188952224444	1945 - 19
PART 10. INCOME RECEIVED BY N		PAPER C	
List the type of economic activity representing each source of incon (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ne of \$1,000 i. Do not incl	or more ude gift:	e received by your spouse or dependent child s. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Receiv	ved appi	Circle ropriate etter	Kind of Income
.1. ER Physician	S) D	Employee
1. ER Physician 2. Critical Cace Training	S) D	Employee Self
3.	S	D	
4.	S	D	
SIGNA	TURE		
A Legislator who willfully fails to file a required statement is sub		- of \$1	10 per business day until the report is filed
(1 M.R.S.A. § 1017-A)	Леоно с	υ Оι ψ.	O per business day una the report is med.
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	the Commiss e Attorney C	ion cor eneral.	ncludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to	to file a requir	red stat	tement or has willfully filed a false statement
the Legislator shall be presumed to have a conflict of interest of question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	on every que	estion a	and shall be precluded from voting on any
weri		2	117/09

Date

Signature

NAME:	DATE:												
ADDRESS:	нет в М. Р. III (1964). А боло техня за почет за боло не в москова почет на почет на почет на почет на почет н	NAMEN NAMEN AND AND AND AND AND AND AND AND AND AN		PANA VANA PROPERTY AND	adas Anterios Sentinos (Per Anterios S AN Esperantes SAN Esperantes SAN Esperantes SAN Esperantes SAN Esperantes S	ender en	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	HT/AZI/RUTATUKUHAN/AHAN/AHAN/AHAN/	avanana.vzanava.yana. <u>ni.eva</u>	*************		AMBA e in a nuar menter a constante en interne	de La Caracteria de la composição de la co
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if	needed).	Indicate	the par	tor	section	number	for the
Part/Section Number													
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