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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 filed statement for the calendar year 2008.										
LEGISLATOR INFORMATION										
Name DONALO	Member of: ☑ House ☐ Senate									
Mailing address 299 FERRY A	District 133									
City, zip code SACO, ME	Phone 207 28481(01									
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								
SIGNATURE REALTY	23 JE BERSON STO, ME	REALESTATE BROKER								
	Committee Commit	6003, 5004-64-6-AMM-6-2008-AMM-6								
	COME DERIVED FROM SELF-EMPLOYMEN r 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 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 (self)	Major Areas of Economic Activity (partnership, association or similar business entity)								
Name: Address:										
Name: Address:	4-1441-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-	way water dig garden (COCACC) CoCACCACCACCACCACCACCACCACCACCACCACCACCA								

PART 2 (continued). INCOME DEI (For Legislators who	RIVED FROM SELF-EMPLOY o are self-employed.)	MENT						
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 profe the entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you	derived such income. If this form of incipal 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:								
Address:	Million de la companya del la companya de la compan	10 March 10						
Name:								
Address:								
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)								
List your major areas of practice. If associated with a law firm, list if	ĸĸŖĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	CONTRACTOR APPROXIMATION OF THE CONTRACTOR AND A CONTRACT						
. Name and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)						
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Name:	40000000000000000000000000000000000000	COCCIDENTIAL AND						
Address:	P. A. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	83 HARANA						
	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	gifts. If none, check the box.						
None								
Name and Address of Source		Kind of Income (investments, leases, etc.)						
Name: City OF NARTFORD, CT. O616	3.							
Name: City OF NARTFORD, CT. OWO 6 Address: 550 MAIN STREET. HURTFOR	D.CT 06103	PENSION.						
Name:	2 3 3							
Address:	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
	ABLE LIABILITIES							
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m are as of economic activity of each creditor. Do not list loans from a	nore that you received during the relative. If none, check the box	reporting period, and list the major						
None		WOODSTATE TO COLOR AND						
Name and Address of Creditor		Principal Type of Economic Activity of Creditor						
Name:	LOCAL COLUMN AND AND AND AND AND AND AND AND AND AN							
Address:	·	1 MATERIA BARAN KARAN KARA						
Name:	De venir en							
Address:								
PART 6. REPORTABLE GIFTS List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If								
none check the box	s with an aggregate value of more	than \$300 from a single source.						
None	adalah salah s	1888 menganan kenalah kenalah mengan samun kenalah salah samun dan kenalah kenalah kenalah kenalah kenalah kena Salah menganan kenalah kenalah kenalah salah salah salah salah salah kenalah kenalah kenalah kenalah kenalah k						
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List the source of any honoraria accounted for appearance or another		V		The state of the s				
List the source of any honoraria accepted for appearances or speeche. None	s relate	ed to y	our on	icial duties. If none, check the box.				
Name of Source of Honoraria	NETTO CONTROL OF THE PARTY OF T		. N	ame of Source of Honoraria				
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2. 4	4.							
PART 8. REPRESENTATION B								
List each executive branch agency before which you represented or a the box.	assiste	d othe	rs for	compensation of any amount. If none, check				
None	PROCESSE AND		00000000000000000000000000000000000000	V-QRINIARING MIRANUS (SIRABA (Alla-Manama Amanama (Amanama				
Name of Agency				Name of Agency				
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2. 4	ł.							
PART 9. BUSINESS WITH	H STA	TE A	GENC	DES				
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.	immedi	ate fai	nily so	ld goods or services with a value in excess of				
☑ None	And Common Conference of the C	Macamana	Ander Abelle Street and A	market and an analysis of the first 2000 All Market and an analysis of the first analysis of the first and an analysis of the first				
Name of Agency	Service and provided the service and			Name of Agency				
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2. 4.	150.00000000000000000000000000000000000		**************************************	360004644444444444444444444444444444444				
PART 10. INCOME RECEIVED BY ME	 MBEF	RS OF	IMM	EDIATE FAMILY				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. ["D" for income received by dependents.	of \$1, Do not	000 o includ	more e gifts	received by your spouse or dependent child Circle "S" for income received by spouse or				
Type of Economic Activity Representing Source of Income Received	ţ	Circ approj lett	Kind of Income					
1. ASSISTANT TO THE UP OF STODENT AHEA	iR5	(S)	D	Salary				
2.	***************************************	s	D					
3.	**************************************	S	D	www.winesdidenessananananananananananananananananana				
4.	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S	D					
SIGNATU	JRE							
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	ct to a	fine	of \$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 A	Comi	nissio v Ger	n con	cludes that it appears that a Legislator has				
If the Commission determines that a Legislator has willfully failed to fithe Legislator shall be presumed to have a conflict of interest on question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	file a re	equire aues	d state	nd shall be precluded from voting on any				
Signature	-	·····		2/14/09 Date				

NAME:	DATE:												
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ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the par	rt or se	ection	number	for the
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