

Office: 242 State Street, Augusta, Maine
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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 pre	eviously filed statement for the calendar yea	r 2008.	
	LEGISLATOR INFORMATION		
Name Hannah Pin	Member of:  ☐ Senate		
Mailing address Po Boy 7	District 3 6		
City, zip code North Have	191ee 243 _n, ME 04853	Phone 867-0966	
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY AN	OTHER	
List the name and address of each employ principal type of economic activity of each en	ver from whom you received compensation nployer.	of \$1,000 or more. Specify the	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
North Havenin- bommunity School	Po Bix 356	School-	
Community School	N. Haven, ME 04853	campaign to Dislater school	
Average and the second		andere de la merce de production de communicación de communicación de la communicación de c	
	OME DERIVED FROM SELF-EMPLOYME Legislators who are self-employed.)	ÑŤ	
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the major areas of $\epsilon$ rship, firm, professional association, or sim	economic activity from which you ilar 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: V/A Address:		100 mmmmm できていることがある。 本語 100 mmmmm できた。 1 c 電子、最後である。 2 c できた 2 c で	
Name:	The state of the s	2005 545C,	
Address:			

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYM o are self-employed.)	IENT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	entity or person from whom you der	rived 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:	Annahi Hay	an maka an an a tang a tang a tang a magan an mang at a mang at a mang a tang a mang an mang at an an mang an
Address:	attion manusin on a series a constant possess that is a series a series of the constant possess that is a series of the constant possess that is a series of the constant possess.	
Name:	NAMAZIBOSTA	
Address:	20 A S	
and the state of t	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		ale proposition in the contract of the contrac
Name and Address of Firm	Major Areas of Practic (self)	ce Major Areas of Practice (firm)
Name: Address:		**Charles National Processing State Control of the
Name: Address:	And the second s	GOCCE Ellen Ammenting Transproprietate Coccession Coccession Administrative Ammenting Transproprietate Coccession American
PART 4. OTHER SC	DURGES 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 gi	ifts. If none, check the box.
None .		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: V/A Address:	Manata Men (Mana	
Name: Address:	MA tomorrows and the second that the second th	
	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 None	ore that you received during the reprelative. If none, check the box	porting period, and list the major
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: V/A Address:		
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 that	an \$300 from a single source. If
None		n frankrikker († 1808 – 1808). De kritiske komuniske sekrementen i myse, met frankrik sekrete i sekrete i sekr De frankrikker († 1808). De kritiske frankrikker i sekrementen i myse, met frankrik sekrete i sekrete i sekret
Name of Source of Gift  1. S. Donald Sussman (see back)	Name of Sou 3.	rce of Gift
1. S. Donald Sussman (see back) 2.	4.	

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PART 7. REPORT	ABLE HONORARIA		
List the source of any honoraria accepted for appearances or speed	ches related to your official duties. If none, check the box.		
None			
Name of Source of Honoraria	Name of Source of Honoraria		
1. N/Av-			
2.	4.		
PART 8. REPRESENTATION	BEFORE STATE AGENCIES		
List each executive branch agency before which you represented the box.	or assisted others for compensation of any amount. If none, check		
None			
Name of Agency	Name of Agency		
1.	3.		
2.	4.		
	ITH STATE AGENCIES		
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immediate family sold goods or services with a value in excess of		
None			
Name of Agency	Name of Agency		
1.	3.		
<b>2</b> .	4.		
PART 10. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FAMILY		
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 \$1,000 or more received by your spouse or dependent child d. Do not include gifts. Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Recei	Circle ved appropriate Kind of Income letter		
1. Compass light Productions Co.	rden, O D Salary		
2. Pingue for Longress	OD film project		
3. Denobsut East Cearly Pr.	rgue O D film project		
4. Brown Femily 60 + Trust	DD family company/trust		
SIGN/	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 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 Commission concludes that it appears that a Legislator has ne 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

1/20/09 Date

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ADDRESS:	(10	Box	243	N. Har	4~ j	ME	04853
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Please provide information you a	any additional are providing.	l information be	low (and on addit	tional sheets if need	led). Indi	cate the pa	rt or section number for th
Part/Section Number							
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