

Website: www.maine.gov/ethics

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.

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.									
LEGISLATOR INFORMATION									
Name WRIGHT H. Pinl	Member of:								
1480 Long Falls	District 8	88							
City, zip code Lexing TON Twp.	Phone 628	Phone 628-2916							
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	Add	ress		e of Economic Employer					
State of Maine		f :	STATE Repres	entativa					
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	тойн эт ститого обосости навичений на нед не удне у этог от се основного советского.	AUGUSTO COLOCIO COLOCIO COLOGO CO	честве под	the color of the part of the color of the co					
To the second transfer of the second	ME DERIVED FROM egislators who are so	SELF-EMPLOYME	NT						
A. List the name and address of your busin derived income. If associated with a partners areas of economic activity of that entity.	ess, if any, and list hip, firm, professiona	the major areas of eal association, or sim	economic activity tilar business entit	from which you y, list the major					
Name and Address of Business Entity	Major Area	as of Economic Activity (self)	Ac (partnership, ass	Major Areas of Economic Activity (partnership, association or similar business entity)					
Name: Address:	· · · · · · · · · · · · · · · · · · ·								
Name: Address:		оторумент в в в в в в в в в в в в в в в в в в в		ЖОЗАЙ «««««фон»» «« ««фон» ««фон» («бон» «бон»					

PART 2 (continued). INCOME DEF (For Legislators who		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 e disclosure is prohibited by law, rule, or an established code of profe the entity or person from whom the income was derived.	presents more than 10% of your gentity or person from whom you d	erived 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:	AMERICAN				
Address:	nomentalista kai kan	ng kangangan kanangan kanangan kanangan kanangan kanangan kangan kangan kanangan kanangan kanangan kanangan ka			
Name:	eranda de la companya del companya de la companya del companya de la companya de				
Address:					
	REAS OF PRACTICE attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list the					
Name and Address of Firm	Major Areas of Prac (self)	actice Major Areas of Practice (firm)			
Name:	CASCAGA (EDISCAS)				
Address:					
Name:	din in Hereit				
Address:	A I I I I I I I I I I I I I I I I I I I				
	DURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include	e gifts. If none, check the box.			
None		Principal Company			
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name: Address: Maine state RETIREME	e a T	Retired			
Maine Diary her her he	1 M, N, STRUTION	Detil 1			
Name: 30C1aL Security ac	21-011415/ B&1/04	Bellker			
	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 relative. If none, check the box	reporting period, and list the major			
X None					
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:					
Address:					
Name:					
Address:					
PART 6. REPC List the specific source of each gift of more than \$300. Include gifts none, check the box	PRTABLE GIFTS s with an aggregate value of more	than \$300 from a single source. If			
None	erration of the second	yaran mahada dahayan mana mana mahada da			
Name of Source of Gift 1.	Name of 3.	Source of Gift			
2.	4.	**************************************			

PART 7. REPORT	ABLE HONORARIA					
List the source of any honoraria accepted for appearances or speed						
None						
Name of Source of Honoraria	Name of Source of Honoraria					
1.	3.					
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.					
PART 9. BUSINESS V	/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.					
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FAMILY					
List the type of economic activity representing each source of incc (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome 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 Rece	Circle ived appropriate Kind of Income letter					
1. 30CIAL SECURITY	(S) D Retirement					
2. Maras BTaTe RoTiRe Ment	SD RETIREMENT - SD RETIREMENT					
3.	S D					
4.	. S D					
SIGN/	NTURE					
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 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 Strange

0/ 2/ 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 part	or section	number	for the
Part/Section Number												
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