

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 previously filed statement for the calendar year 2008.									
· LEGISLATOR INFORMATION									
Name John P	0TT1	Member of: ☐ House ☐ Senate							
Mailing address	bian Pa	District 45							
City, zip code Unity	Phone 437-2493								
PART 1, INCOME E	DERIVED FROM EMPLOYMENT BY ANO	THER							
List the name and address of each employer principal type of economic activity of each empl	from whom you received compensation oloyer.	of \$1,000 or more. Specify the							
Name of Employer	Address	Principal Type of Economic Activity of Employer							
Maine Farmland Trust	97 main St Belfort, ME 04915	non-profit land trust							
		оченняе собення очен постоя постоя постоя в пос							
The second secon	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)								
A. List the name and address of your busine derived income. If associated with a partnersh areas of economic activity of that entity.	ess, if any, and list the major areas of echip, firm, professional association, or simila	onomic 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: \(\lambda \setminus \alpha \)		entited processes a constant							
Name: Address:	A A TO COME BY THE STATE OF THE								
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IFOF Legislators w	ERIVED FROM SELF-EMPLO ho are self-employed.)	YMENT
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prothe entity or person from whom the income was derived.	represents more than 10% of you	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	antennen et en et til typpen i mannamen men en en et typpen i de et de en et en en en et et en et e en en et e	rija mendena menangan kenerakan dan dan dan dan dan dan dan dan dan d
Address: N/a		
Name:	riter (18 til 1975 (18 MANIA	
Address:		
	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list	are attorneys-at-law only.) the major areas of practice of you	r firm.
Name and Address of Firm	Major Areas of Pra	ctice Major Areas of Practice
Name:	(self)	(firm)
Address:	ewedness in the second	
Name:	DEMANDENCE MATERIAL DE LA CONTRACTION DE LA CONT	0000000 ulahan mengangkang propensi Administra pengangkanang mengangkang pengangkan di pengangkan pengangkan berangkan berangk
Address:	ed were musical and the	34572 021 25 26 27 27 27 27 27 27 27 27 27 27 27 27 27
PART 4. OTHER S	OURGES 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		
Name and Address of Source		Kind of Income
Name:		(investments, leases, etc.)
Name:		
Name: Address:		
Name: Address: Name: Address:	TABLE LIABILITIES	
Name: Address: Name: Address: PART 5. REPOR List the names of creditors for any unsecured loans of \$3,000 or n	nore that you received during the	(investments, leases, etc.)
Name: Address: Name: Address: PART 5. REPOR	nore that you received during the	(investments, leases, etc.)
Name: Address: Name: Address: PART 5. REPOR: List the names of creditors for any unsecured loans of \$3,000 or rareas of economic activity of each creditor. Do not list loans from a	nore that you received during the	reporting period, and list the major Principal Type of Economic
Name: Address: Name: Address: PART 5. REPOR: List the names of creditors for any unsecured loans of \$3,000 or r areas of economic activity of each creditor. Do not list loans from a None	nore that you received during the	(investments, leases, etc.) reporting period, and list the major
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Name: Address: PART 5. REPOR: List the names of creditors for any unsecured loans of \$3,000 or rareas of economic activity of each creditor. Do not list loans from a Name: Name: Address: Name: Address: PART 6. REPOR: List the specific source of each gift of more than \$300. Include gifts	nore that you received during the a relative. If none, check the box	reporting period, and list the major Principal Type of Economic Activity of Creditor
Name: Address: PART 5. REPOR List the names of creditors for any unsecured loans of \$3,000 or rareas of economic activity of each creditor. Do not list loans from a Name: Name: Address: Name: Address: PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	DRTABLE GIFTS s with an aggregate value of more	reporting period, and list the major Principal Type of Economic Activity of Creditor

None Name of Source of Honoraria PART 8. REPRESENTATION List each executive branch agency before which you represente the box.	3. 4.	www.		of Source of Honoraria			
Name of Source of Honoraria 1. 2. PART 8. REPRESENTATION List each executive branch agency before which you represented			Name	of Source of Honoraria			
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Name of Agency				Name of Agency			
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PART 9. BUSINESS	WITH STATI	E A(SENCIES				
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate	e fan	ily sold g	oods or services with a value in excess o			
₩ None		well-deliner or deline	an cardinacy reconstruction when	ONBINIONAL ACTION AND AND AND AND AND AND AND AND AND AN			
Name of Agency	richen (Carlottala) (San Salaha) (San San San San San San San San San San	OAPA-VILLEDE		Name of Agency			
1.	3.						
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PART 10. INCOME RECEIVED B	Y MEMBERS	OF	IMMEDI	ATE FAMILY			
List the type of economic activity representing each source of ir (ren) during the reporting period and the kind of income represer "D" for income received by dependents.	ncome of \$1,00 nted. Do not in)0 or iclude	more rec	eived by your spouse or dependent child ircle "S" for income received by spouse o			
Type of Economic Activity Representing Source of Income Re	eceived ap	Circl pprop lette	riate	Kind of Income			
1. medical province	(5	S	D	Salary			
2.		S	D	vivo de media a construir construir construir construir construir de construir construir construir construir c			
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4.	S	S	D	AND COMMENT OF THE CO			
SIG	NATURE						
A Legislator who willfully fails to file a required statement is 1 M.R.S.A. § 1017-A)	subject to a f	fine (of \$10 pe	er business day until the report is filed			
The intentional filing of a false statement is a Class E crime. villfully filed a false statement, it shall refer its findings of fact to	If the Commi	issio Gen	n conclud	les that it appears that a Legislator ha			
f the Commission determines that a Legislator has willfully fail- he Legislator shall be presumed to have a conflict of intere- question in committee or in either branch of the Legislature, 1 M.R.S.A. § 1019)	est on every o	auesi	tion and	shall be precluded from voting on an			

Date

Signature

NAME:	DATE:								and the state and a number of the second			
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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 of	r section	number	for the
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