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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 2	2008.				
LEGIS	SLATOR INFORMATION					
Name Gary E. Plummer		Member of: ☐ House ☐ Senate				
Mailing address 248 Gray Road	All descents and an extension of the confidence	District ()				
City, zip code Windha-, Maine o	Phone (207) 892-6088					
PART 1. INCOME DERI	VED FROM EMPLOYMENT BY ANO	THER				
List the name and address of each employer from principal type of economic activity of each employer		of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				

	оо Монтон и село на	Standings Locus and Commission Co				
The state of the s	DERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)					
A. List the name and address of your business, derived income. If associated with a partnership, f areas of economic activity of that entity.	if any, and list the major areas of ec	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:						
Name:	TRAVEL CLARACE	COM AL PRIATE OF THE PRIATE OF				
Address:	****					

PART 2 (continued). INCOME DE		YMENT
B. List each source of income derived from self-employment that n 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	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:	erenement og 1994 fill fill att delen det til en	
Address:	HTT VICTURE AND	
Name: Address:		\$2.6 m (20) (************************************
PART 3. MAJOR A	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t	the state of the s	ır firm.
Name and Address of Firm	Major Areas of Pra (self)	octice Major Areas of Practice (firm)
Name:		
Address:	An exist of 12 in a	185 x 324 x 52
Name:	7 7 7 8 8 8	или постоя на принципа на п На принципа на принципа
Address:	un contact ()	200
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2 None	2, or 3 of this form. Do not includ	e gifts. If none, check the box.
	$s_{i,j} = s_{i,j} + s_{i$	Kind of Income
Name and Address of Source Name: Major State Retirement Syst		(investments, leases, etc.)
Name: Maise State Retirement Syst Address:	e	Refred teacher
Name: Restal House at 256 Gray	Re ^t	Restal of a small
Address: Valtue Lee		house pext cloor to my
	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
□ None	d de transmite de la contrata que forma que mande a como de co Como de como de	in a transmission of the state
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPO	ana tangga 1940, a 1940, a ana kalaman ang mga 1955, a 405, a 405, a 46, a 46, a 46, a 45, a 45, a 45, a 46, a	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	e man \$300 from a single source. If
Name of Source of Gift	Name of	Source of Gift
1.	3.	OOUIGE OF CITY
2.	4.	

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PART 7 RI	EPORTABLE F	IONO	RARIA			
List the source of any honoraria accepted for appearances of	and the state of t	·		uties. If none, check the box.		
☐ None	energenegen een meteor van verste van van die kolonie van die keel van die kolonie van die keel van die keel v Verste van die kolonie van die kolonie van die keel van die kee	odnoston et amont tenniger	an material curves of successions and the conditions and the conditions are conditions and the conditions are conditions and the conditions are conditions are conditions and the conditions are conditional are conditions are conditions are conditional are conditions are conditional a	en van in handelijkelijkelijkelijkelijk in verproprieter in die statisch in die statische statische statische in der de statische in der de statische in de st		
Name of Source of Honoraria			Name o	f Source of Honoraria		
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2.	4.	**************************************	er unter erennanen autenen at sonociationecce sa	2004-жылы принундер (1999-1996) (1994-1996) - 1994-1995-1995-1996-1996-1996-1996-1996-1996		
PART 8. REPRESENT	TATION BEFO	RE ST	ATE AGEN	[e]≓s		
List each executive branch agency before which you repre the box.	esented or assist	ed othe	ers for compe	ensation of any amount. If none, check		
None	20000000000000000000000000000000000000	erraeraneaeararaeaaaa.	Mildlindonial Incomentaria programa (1900)	98705556515484565484664846444444444444444444		
Name of Agency			N	ame of Agency		
1.	3.					
2.	4.	Schmitted and difference or January	Abbahalah kemelanak melalah sebagai paga Pada dalah Salah			
PART 9. BUSIN	IESS WITH ST	ATE A	GENCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immed	diate fa	mily sold goo	ods or services with a value in excess of		
☐ None	kana dan manana sandan manana dan manana daji dijiligi penjih yili melangiya yakan daji se sangala se	- calculus de l'accessor d	**************************************	tata hadan nahan penenggi kangan kenasa sa danggan kenasa kananahan kenangga tegah dan sa sa sanggan kenasa ke		
Name of Agency			V	ame of Agency		
1.	3.					
2.	4					
PART 10. INCOME RECEIVE	ED BY MEMBE	RSO	E IMMEDIA	HEFEAMIRY		
List the type of economic activity representing each source (ren) during the reporting period and the kind of income rep "D" for income received by dependents.	e of income of \$	1,000 c	r more recei	ved by your spouse or dependent child		
Type of Economic Activity Representing Source of Incom	ne Received	appro	cle priate ter	Kind of Income		
1.	t de l'estration de l'altre d'able ples que en comme est de conservant au manuelle de l'estration de l'estrati	S	D			
2.	**************************************	S	D			
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	SIGNATURE		1			
A Legislator who willfully fails to file a required statement		a fine	of \$10 per	business day until the report is filed.		
(1 M.R.S.A. § 1017-A)						
The intentional filing of a false statement is a Class E cri willfully filed a false statement, it shall refer its findings of f	ime. If the Cor fact to the Attorr	nmissi ney Ge	on conclude: neral.	s that it appears that a Legislator has		
If the Commission determines that a Legislator has willfull the Legislator shall be presumed to have a conflict of it question in committee or in either branch of the Legisla (1 M.R.S.A. § 1019)	interest on ever	ry que	stion and sh	hall be precluded from voting on any		
H. 3 Po			2/12	109		
Signature			<u>~_ / (2</u>	Date		

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ADDITIONAL INFORMATION												
Please provide a information you a	any additional are providing.	information	below (a	and on	additional	sheets	if needed).	Indicate	the part	or section	number	for the
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