Office: 242 State Street, Augusta, Maine



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 previo	ously filed statement for the calendar year 2	2008.							
L	EGISLATOR INFORMATION								
Name David E. Richardson Mailing address	Member of:  ☑ House ☐ Senate  District								
634 Hampden Rd. City, zip code	2-3 Phone								
Carmel 04419	(207) 848-3040								
	ERIVED FROM EMPLOYMENT BY ANO								
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	Name of Employer Address								
	HANGINA ANNO POR POPO POPO POPO POPO POPO POPO PO	ASSE == SECURE TO SECURE SECUR							
	TE DERIVED FROM SELF-EMPLOYMENT gislators who are self-employed.)								
A. List the name and address of your busined derived income. If associated with a partnership areas of economic activity of that entity.	ss, if any, and list the major areas of ec	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:									
Name: Address:	THE PROPERTY AND ASSESSED TO THE PROPERTY AND ASSESSED TO THE PROPERTY ASSESSED.								

(For Legislators wh	RIVED FROM SELF-EMPLOYMENT to are self-employed.)
I is greater, and specify the principal type of economic activity of the	represents more than 10% of your gross income or \$1,000, whichever e entity or person from whom you derived such income. If this form of fessional ethics, specify only the principal 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:	··· - ACADEMANE **
Address:	
Name:	At the second of
Address:	
(For Legislators who a	REAS OF PRACTICE re attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list to	
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name:	
Address:	
Name:	
Address:	S. Advantage
	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: Marine State Retirement	
Address: 46 State House Station Augusta, ME.	04333-0046 Pension
Name:	
Address:	Commonweal and the second seco
PART 5. REPORT	ABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	nore that you received during the reporting period, and list the major relative. If none, check the box
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	- Vertice variety and an
Address:	
Name:	
Address:	Y ALCOHOLOGY TO THE PARTY OF TH
	RTABLE GIFTS
none, cneck the box	s with an aggregate value of more than \$300 from a single source. If
None	aga at al-ang ang ang ang ang ang ang ang ang ang
Name of Source of Gift  1.	Name of Source of Gift  3.
2.	4.

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PART 7. REPOI	RTABLE	IONO	RARI				
List the source of any honoraria accepted for appearances or spe	eeches rela	ited to y	our of	ficial duties. If none, check the box.			
None	State was a second of the state						
Name of Source of Honoraria		100 100 100 100 100 100 100 100 100 100	N	ame of Source of Honoraria			
1.	3.						
2.	4.			では、1000mmmmmmmmmmでも、1000mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm			
PART 8. REPRESENTATION	ON BEFO	RE ST	ATE	AGENCIES			
List each executive branch agency before which you represente the box.	ed or assist	ted othe	ers for	compensation of any amount. If none, check			
None	THE PARTY OF THE P	Addition conserve graphics	reent accommon regional.				
Name of Agency			Name of Agency				
1.	3.						
2.	4.						
PART 9. BUSINESS	WITH ST	ATE A	GEN	CIES			
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your imme	diate fa	mily so	old goods or services with a value in excess of			
None	Normality	······································	***************************************	in the state of th			
Name of Agency			1000 1000 1000 1000 1000 1000 1000 100	Name of Agency			
1.	n en energe e a en	Annual Manhamon & Hold and a					
2.	4.						
PART 10. INCOME RECEIVED B	Y MEMBE	RS O	FIMM	EDIATE FAMILY			
List the type of economic activity representing each source of in (ren) during the reporting period and the kind of income represen "D" for income received by dependents.	ncome of \$ nted. Do no	1,000 o	r more de gifts	e received by your spouse or dependent child c. Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Re	ceived	Circle appropriate Kind of Income letter					
1. Executive Secretary	ika ilianteen aksatu raelina – mehreriter, siyadi.	<u>(S)</u>	D	employ ment			
2.	MANAGER MANAGER - 17 S. M. Manager and a consequence of a graph gr	S	D				
3.		S	D	enemmente mit til stille til den skrive en men men men spende blir dette men om men men med mit til bytte enemmen men men med men til bytte enemmen men still til bytte enemmen men men men men men men men me			
4.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S	D				
SIG	NATURE		The second secon				
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)	subject to	a fine	of \$1	0 per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. willfully filed a false statement, it shall refer its findings of fact to	If the Cor	nmissio	on con	cludes that it appears that a Legislator has			
If the Commission determines that a Legislator has willfully failed the Legislator has willfully failed the Legislator has will fully failed the Legislator has will be accepted to the Legislator has will full be accepted to the Legislator has will full be accepted to the Legislator has will full be accepted to the Legislator has a control of the		-		ement 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) David E. Ruhardson February 2 2009 Date

Signature

NAME:	DATE:												
ADDRESS:			arta fall along and along a	20-41-980 686-00-00-00-00-00-00-00-00-00-00-00-00-00	NA SSAINNE ANN ANN ANN ANN ANN ANN ANN ANN ANN	**************************************		- Personal Control of the Control of	a u mendipen en incommen		200	Prominent en	<b>44.78</b>
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if	needed).	Indicate	the par	t or	section	number	for the
Part/Section Number		halfani makke ka 12 filiah pida inda ka pamajakhah	marga - promoting delication of commo	**************************************	orkeniment kank eriner oksistenin gila (* 5.4%). kenne t								
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