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)

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

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.

LEGISLATOR INFORMATION

Nome					
Name John C. Robinson		Member of:			
1.2000 L. No. 100 Project (1980 C. 1880 C. 188		☐ Senate			
Mailing address		District			
70 Box 519	**************************************	103			
City, zip code Raymond, ME 04071		Phone 635-8657			
Tagada, 12 Oroji		000 0001			
PART 1. INCOM	ME DERIVED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each emplo principal type of economic activity of each e	oyer from whom you received compensation employer.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
	283 leina Direct	Real Edjate			
Rubinion Holdings LLC	OxPoid ME 04270				
	OXTOO ILL OTT	(onsulfing			
	283 hij Street	Real Estate			
Kobinson Manufacting Co	Ox80,0 ME 04270				
Moosehed Funder	123 chap Le	Funding Mendertring			
	Marson, ME DAYLON	<i>y</i>			
	COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.)	I			
	isiness, if any, and list the major areas of ed	conomic activity from which you			
derived income. If associated with a partner areas of economic activity of that entity.	ership, firm, professional association, or simil	ar business entity, list the major			
		Major Areas of Economic			
Name and Address of Business Entity	, Major Areas of Economic Activity (self)	Activity (partnership, association or similar			
		business entity)			
Name:	12.11 Hz. Alex				
Address:	NEW TRANSPORTER	* Attachery			
Name:	70000000000000000000000000000000000000	OPPER TO CONTRACT LAND CONTRACT AND			
Address:	The control of the co	55 A 1 1 2 4 5 7			

FART 2 (CONTINUED). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYMEN 10 are self-employed.)	<u> </u>
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the	represents more than 10% of your gross	ad cuch income. If this form of
Name and Address of Source	Act	tivity of Entity or Person Who
Name:	999-91 Section of the	To the desired and the first and the total and the strike a transfer to the energy of the second and the second
Address:		
Name:	Manage death are assessed manage of the SC	reterministicate de 2000 de la comunición de la contractiva del la contractiva del la contractiva de la contractiva del la c
Address:		
PART 3. MAJOR AI	REAS OF PRACTICE	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	de serve effects in the Cala	PRACTICAL PARTY.
Address:	The state of the s	TO SERVICE OF THE PROPERTY OF
Name:	A CONTRACTOR OF THE CONTRACTOR	\$ Process of Contract Andrews of the State of Contract
Address:	12 (A)	
	PART 3. MAJOR AREAS OF PRACTICE (For Lagislator who are attorneys-at-law only.) ajor areas of practice. If associated with a law firm, list the major areas of practice of your firm. Name and Address of Firm Major Areas of Practice (firm) PART 4. OTHER SOURCES OF INCOME. Name and Address of Source PART 5. REPORTABLE LIABILITIES set of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major and address of Creditor. Do not list loans from a relative. If none, check the box. Name and Address of Creditor PART 6. REPORTABLE GIFTS FART 6. REPORTABLE GIFTS PART 6. REPORTABLE GIFTS PART 6. REPORTABLE GIFTS PART 6. REPORTABLE GIFTS	
None		
Name and Address of Source		
Name:		randi antina malaina karaina karaina karaina maraina maraina na maraina karaina karaina maraina maraina marain
Address:	PRACTIFICAÇÃO	
Name:		Annaharan managan panaharan kantan kantan managan kantan kantan managan kantan kantan managan kantan kantan ma
Address:	Values value de la companya de la co	
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 report	ing period, and list the major
None	(III. dishibise qippagaticisicociscociscociscociscociscociscoci	подромунутичной станда совершения в подрожения в подрожен
Name and Address of Creditor	Þı	
Name:	Andrew Colonia and Colonia	e de la companya de l La companya de la co
Address:		
Name:		74-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Address:		
PART 6. REPOI	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		\$300 from a single source. If
None		Milled Label de vertre en
Name of Source of Gift 1.		of Gift
2.	4.	304000446644644444444444444444444444444

y ,

PA	ART 7. REPORTABLE HON	ORAF	IA	
List the source of any honoraria accepted for app	pearances or speeches related	o your	official o	duties. If none, check the box.
None				aganous manifest (1995)
Name of Source of Honoraria			Name	of Source of Honoraria
1.	3.			
2.	4.	999900 404000 C. ABBIE	***************************************	(1985年) - 1989年 - 1989年 - 1988年 - 1985年 -
PART 8. RE	PRESENTATION BEFORE	STATI	AGE	NCIES
List each executive branch agency before which the box.	you represented or assisted o	thers f	or comp	ensation of any amount. If none, check
None	(College of Marie Management of Marie (College of Marie Mari		Black-deres energy agreement	018001 II III-linu maanan maray 1995 (1985) II
Name of Agency		en essential de		lame of Agency
1.	3.			
2.	4.			
PART (9. BUSINESS WITH STATE	AGE	VCIES	
List each executive branch agency to which you \$1,000 during the reporting period. If none, check	or a member of your immediate k the box.	family	sold go	ods or services with a value in excess of
☑ None	STATES AND AN AND AN AND AND AND AND AND AND A		Navio-Persyntalis (Strappindarez	rationalistikkon kaiteen katalaisikka kun
Name of Agency			755 4564 1 Services	lame of Agency
1.	· 3.	. "		
2.	4.	ere-remandadomono.ecsnag	landewege (ee-magagayyaanagag	CONTROL CONTRO
PART 10. INCOME	RECEIVED BY MEMBERS	OF IM	MEDIA	TE FAMILY
List the type of economic activity representing ea (ren) during the reporting period and the kind of in "D" for income received by dependents.	ach source of income of \$1.00	or mo	ге гесе	ived by your spouse or dependent child
Type of Economic Activity Representing Source	e of Income Received ap	Circle propriate		Kind of Income
	_	letter		
1.		D	***************************************	namenteen kalenda kale
2.	S.	D	00 to	
3.	S	D	Minimum manananananananananananananananananana	mayor (sidenced discovered and managerical and sidenced and managerical discovered and managerical dis
4.	S	D	***************************************	MONTH / TORRESON A. Land and a second property of the second propert
	SIGNATURE			
A Legislator who willfully fails to file a required (1 M.R.S.A. § 1017-A)		ne of \$	10 per	business day until the report is filed.
The intentional filing of a false statement is a C	Class E crime. If the Commis	sion c	onclude	es that it appears that a Legislator has
willfully filed a false statement, it shall refer its fir				4 7 70 70 70 70 70
If the Commission determines that a Legislator has the Legislator shall be presumed to have a conjugation in committee or in either branch of the committee or in either branch or the committee or the committee or in either branch or the committee or the committe	onflict of interest on every a	Jestion	and s	hall be precluded from voting on any

(1 M.R.S.A. § 1019)

Signature

NAME:					•	DA	TE:)	***************************************
ADDRESS:	AMERICAN MANAGEMENT RESIDENCE CONTROL COMMUNICATION AND ANGEL CONTROL	ФВО (пот н по операти п тем. до с доругоро 4,0 часов.		***************************************	так и при при при при при при при при при п	remaining day and share for the second secon	**************************************		CONTRACTOR CONTRACTOR OF PARTY.	**************************************	***************************************	att de la plante de la companya de l
			100 100 100 100 100 100 100 100 100 100	ADD	ITIONAL IN	IFORMATION			and the second of the second o			
Please provide information you	any additional are providing.	information	below	(and or	additional	sheets if neede	d). In	dicate the	part o	r section	number	for the
Part/Section Number			hherming per maj di si pananang perse									
	obiosenvienimos estados estado						e de la composition	S (fee feet en	e vinat te i nazarak kalabak bar			
	od dolakananda ke wa							-				
											•	
	Zilis salan sa											
		•										
		·								٠		
					٠							
A COLUMN								-				
No de la companya de										•		
KADE MADO ANGELO										•		*.
Parameter According to the Control of the Control o												
TRIPS OF STREET												
###WYSCHIANCZI IRMANI												
Avealing to pay a bit of the control												
CONTRACTOR												
n sin in i												
society end al society and al society and all society are all society and all society and all society are all society and all society and all society are all society are all society and all society are all society are all society and all society are all	•											
However, the control of the control												:
SOL (excellent Schemph.) (1979)						·		-				
IN YCAROTHMA PARE		•										

4.5