Office: 242 State Street, Augusta, Maine



oo. 242 Oldic Officel, Al

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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.

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76 Morning	ST		District 120							
Portland	m E	C4101		Phone 9020	043					
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.										
lame of Employer		Address			rpe of Economic of Employer					
0 1		ongress St	Convenience							
CI'S		Portland	store							
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ame and address of your !	ousiness, if a	any, and list the mai	or areas of ec	onomic activity ar business ent	from which you ity, list the major					
Name and Address of Business Entity				Major Areas of Economic Activity (partnership, association or similar business entity)						
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	PART 1. INCO and address of each empore economic activity of each ame of Employer  CIS  FART 2. I  The me and address of your to be a sociated with a paramic activity of that entity.	PART 1. INCOME DERIVE  and address of each employer from the of economic activity of each employer.  CI'S  PART 2. INCOME DERIVE  PART 2. INCOME DERIVE  For Legislate  arme and address of your business, if a se. If associated with a partnership, firm armic activity of that entity.	PART 1. INCOME DERIVED FROM EMPLOYN  and address of each employer from whom you received of economic activity of each employer.  Address  Congress S  Portland  QOOD P ST  HONGING DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 2. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 3. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 3. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 3. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 4. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 3. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 4. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 5. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 6. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 6. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 6. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 6. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 7. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 8. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 9. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 9. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 9. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.  PART 9. INCOME DERIVED FROM SELF-  (For Legislators who are self-employer.	PART 1. INCOME DERIVED FROM EMPLOYMENT BY AND and address of each employer from whom you received compensation of economic activity of each employer.  ame of Employer  Address  Congress ST  Portland  2000 P ST NW  LASH D C  PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (For Legislators who are self-employed.)  ame and address of your business, if any, and list the major areas of eco.  If associated with a partnership, firm, professional association, or similar activity of that entity.	PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER  and address of each employer from whom you received compensation of \$1,000 or more economic activity of each employer.  Address  Principal Ty Activity  Congress ST Converting Portland  Congress ST Converting Portland  Congress ST Converting Portland  Part 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (For Legislators who are self-employed.)  Inne and address of your business, if any, and list the major areas of economic activity and associated with a partnership, firm, professional association, or similar business entimic activity of that entity.  Major Areas of Economic Activity  (self)  Major Areas of Economic Activity  (self)					

PART 2 (conti	nued). INCOME DERIVED (For Legislators who are sel	FROM SELF-EMPLOYMEN	Т
B. List each source of income derived from is greater, and specify the principal type of edisclosure is prohibited by law, rule, or an edithe entity or person from whom the income of	self-employment that represent economic activity of the entity of stablished code of professiona	ts more than 10% of your gross	such income If this form of
Name and	d Address of Source	Acti	rincipal Type of Economic vity of Entity or Person Who the Source of the Income
Name: Address:	NA	WLEFFOUNDSAMASAYA	
Name; Address:	and an annual state of the stat	And the second s	
	PART 3. MAJOR AREAS (For Legislators who are attorned)		
List your major areas of practice. If associat			
Name and Address	hander of the same	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address:	MA	, de l'all d	
Name: Address:	menter commercial distribution <mark>d</mark> es se transport de la Del Calabolium export per proprieto de 2000 (Calabolium export	t transmission de la company de la compa La company de la company de La company de la	28 20 20 20 20 20 20 20 20 20 20 20 20 20
List each source of income of \$1,000 or more	PART 4. OTHER SOURCE	the state of the s	
None	e <u>not usted</u> in Farts 1, 2, or 3 di	unis form. Do not include gifts.	If none, check the box.
т 200 ж. Сырын жаны жана жана жана жана жана жана жа	d Address of Source		Kind of Income nvestments, leases, etc.)
Name: Address:	NA		rethermography (1984) is the extensive the many foregroup and the extensive forest development of the extensive and the
Name:	ATTOMAN Annual A		erre and an annual mention of the second mention of the second mention and an annual mention of the second men
Address:		er vertilen i de france de la companya de la compa	
	PART 5. REPORTABLE	IARIIITIES	
List the names of creditors for any <u>unsecure</u> areas of economic activity of each creditor. I	d loans of \$3,000 or more that	you received during the reporti	ng period, and list the major
None		### ##################################	STATE of the ready of the state
Name and	Address of Creditor	Pri	incipal Type of Economic Activity of Creditor
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Address:	**************************************		
Name:			
Address:			
	PART 6. REPORTABL	全国的企业的企业,在1907年的企业,1907年的企业企业的企业企业的企业的企业的企业企业企业企业企业企业企业企业企业企业企业	
List the specific source of each gift of more the none, check the box	nan \$300. Include gifts with an	aggregate value of more than \$	300 from a single source. If
None	and the state of t	and the state of t	
Name of Source of Gift 1.	3.	Name of Source	of Gift
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PART 7. REPORTA	ABLE H	ONO	RARIA	•
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Name of Source of Honoraria		and the second	N	ame of Source of Honoraria
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2.	4.	philide-management	WETTHERSON CO.	described and the second and the second seco
PART 8. REPRESENTATION	BEFOR	E ST	ATE /	AGENCIES
List each executive branch agency before which you represented of the box.	or assisted	d othe	ers for (	compensation of any amount. If none, check
Z-None	***************************************	5408454		YARIBORIOTISUUSEEN MAARAMAA AANAA AANA
Name of Agency				Name of Agency
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PART 9. BÜSINESS WI	ITH STA	TE A	GENC	DES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ır İmmedi:	ate far	mily so	old goods or services with a value in excess of
<b>Ø</b> -None	200022000000000000000000000000000000000	*	herdingenera	UNBERGEREICH A. G.
Name of Agency	20 CONTROL DESCRIPTION AND ADDRESS OF THE PROPERTY OF THE PROP	Amanda da hayan ya ya	New Policia Assets	Name of Agency
1.	3.			
2.	4.	.andressore	***************************************	005005-38-0.08 his various and appropriate APRICES APRICES CO. Co
PART 10. INCOME RECEIVED BY M				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,0 i. Do not	000 o	r more de gifts	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Receiv	ved	Circ approp lett	priate	Kind of Income
1. N/A		S	D	
2.		S	D	
3.	endarcanopologico	s	D	
4.		S	D	
SIGNAT				
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to a	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. If the willfully filed a false statement, it shall refer its findings of fact to the	the Comr ne Attorne	missic ey Ge	on con- neral.	cludes that it appears that a Legislator has

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

Date

NAME:	DATE:												
ADDRESS:													
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
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