Office: 242 State Street, Augusta, Maine



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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.

Name LINDA F. SANBORN Mailing address 17 O SPILLER RD City, zip code CORHAM, ME OYO38 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. principal type of economic activity of each employer. Name of Employer Name of Employer Name of Employer Nentesuch Colf Club SCARBOROUGH, ME Menter of Employer Address Principal Type of Activity of Employer.				
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NONESUCH RIVER GOLF CLUB SCARBOROUGH, ME	TAINMENT			
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	10.000			
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT				
(For Legislators who are self-employed.)				
A. List the name and address of your business, if any, and list the major areas of economic activity from derived income. If associated with a partnership, firm, professional association, or similar business entity, list areas of economic activity of that entity.	which you at the major			
Name and Address of Business Entity Major Areas of Economic Activity Activity Activity (self) (partnership, associat	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name:	and the house in incoming in proper similar			
Address:				
	HERMER PROPERTY CONTROL OF THE SECOND CONTRO			
Name:	- 			
Address:				

PART 2 (continued). INCOME D	DERIVED FROM SELF-EMPLO who are self-employed.)	DYMENT
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 principal type of principal type.	t 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:	THE	PPP (E) 4 V (Inch in hinds in the an in income recover a complement and a second (I) in the Lincoln Lands in inch in hinds in hinds in the second angle in 1922 and
Address:		A CONTRACTOR OF THE CONTRACTOR
Name:		
	AREAS OF PRACTICE	
(For Legislators who List your major areas of practice. If associated with a law firm, list	are attorneys-at-law only.)	ur firm
Name and Address of Firm	Major Areas of Pr	Sistematical composition of the
· · · · · · · · · · · · · · · · · · ·	(selſ)	(firm)
Name:	Ministration and the second	***
Address:		мот метора по поставления при
Name:	Liliand county	
Address:	No participation of the control of t	
	SOURCES 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	de gifts. If none, check the box.
None		representative of the control of the
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: LPL FINACIAL		INVESTMENTS
Address: 9785 TOWNE CENTER DR., SAN DIEGO	CA 92/2/-1968	- · · · · · · · · · · · · · · · · · · ·
Name:		
Address:		i with the transfer of the tra
	RTABLE LIABILITIES	
List the names of creditors for any unsecured loans of \$3,000 or	more that you received during the	e reporting period, and list the major
areas of economic activity of each creditor. Do not list loans from	a relative. If none, check the box	
None		en gegen til state for for flysska moderitet av fra men state av state i til styre falle flysig år met av state av state flysig styregge
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	THE CONTRACT COMMINISTER OF THE CONTRACT CONTRAC	Manuskaan marka
Address:		
PART 6. REP	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gi none, check the box	fts with an aggregate value of mor	e than \$300 from a single source. If
None	7	
Name of Source of Gift 1.	Name of	Source of Gift
2.	4.	**************************************
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F	PART 7. REPORTABLE H	ONO	RARIA	
List the source of any honoraria accepted for a	ppearances or speeches relat	ed to y	our offi	cial duties. If none, check the box.
None				
Name of Source of Honoraria	a		Na	ame of Source of Honoraria
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2.	4 ₋ .	***************************************	econ needlossassicicoscumico	ikadenderengengganggangganggangganggangganggangga
PART 8. RI	EPRESENTATION BEFOR	E ST	ATE A	GENCIES
List each executive branch agency before which the box.	ch you represented or assiste	d othe	ers for o	compensation of any amount. If none, check
None	tidak kenaman kenaman penaman menganggi antak dari Sanda dalah Sanda Melaksi dalah Sanda dan kenaman kenaman k	anno e constante de la constan	erroren errore	
Name of Agency				Name of Agency
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2.	4.		illedinde di Villean VIII de Marie	MANUAL AND
PART	9. BUSINESS WITH STA	ATE A	GENC	IES
List each executive branch agency to which you \$1,000 during the reporting period. If none, che	u or a member of your immed	iate fa	mily so	d goods or services with a value in excess of
None		Nihenii Minikroozzasiase	CONTROL OF THE PARTY OF THE PAR	
Name of Agency		o-beceronice nice	CONTROL NO SERVICIO	Name of Agency
1.	3 .			
2	4.	**************************************	CONTROL OF CHICAGO AND	
PART 10 INCOM	E RECEIVED BY MEMBE	RS NI	FIMM	ENATE FAMILY
List the type of economic activity representing (ren) during the reporting period and the kind of "D" for income received by dependents.	each source of income of \$1	,000 o	r more	received by your spouse or dependent child
Type of Economic Activity Representing Sou	ırce of Income Received	Cir appro let	priate	Kind of Income
1. SAFETY MANAGEMENT/	HEALTHCARE FACILITY	S	D	EMPLOYMENT
2.		s	D	m on management and a series of the property o
3.	BRIDE CONTROL OF STATE OF STATE OF CONTROL OF STATE OF ST	S	D	aan een marken van var var var dag dag een van van van van van van van van dag dag dag van van van van van var
4.	**************************************	S	D	
	SIGNATURE			
A Legislator who willfully fails to file a requir 1 M.R.S.A. § 1017-A)	red statement is subject to	a fine	of \$10	per business day until the report is filed.
The intentional filing of a false statement is a willfully filed a false statement, it shall refer its	Class E crime. If the Comfindings of fact to the Attorn	missio	on cond	cludes that it appears that a Legislator has
f the Commission determines that a Legislato	r has willfully failed to file a r	equire	ed state	ment or has willfully filed a false statement
he Legislator shall be presumed to have a question in committee or in either branch of 1 M.R.S.A. § 1019)	conflict of interest on ever	y ques	stion a	nd shall be precluded from voting on any
Sundat Carbon			1/17	109

Date

Signature

NAME:	DATE:											
ADDRESS:												
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Please provide any additional information you are providing.	information	below	(and on	additional	sheets if	needed).	Indicate	the par	rt or	section	number	for the
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