

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									
Name PALPH Wi	SARTY, JR	Member of:	☐ Senate						
PO Box 58		District 99							
City, zip code DEN MARK	9	Phone 458	Phone 4522171						
PART 1. INCO	ME DERIVED FROM EMPLOYMENT BY ANO	THER							
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	Address	Principal Type of Economic Activity of Employer							
MAINE STATE RETIREMENT	AUGUSTA	RETIRED STATE EMPLOYEE							
TOWN OF DEWMARK	109 MAIN ST DENMARY 04022	BOWRD OF SEECTMEN							
		Salam Market Salam S	OPERFORM TO TO COORDINATE A SEE MAY						
	COME DERIVED FROM SELF-EMPLOYMEN								
(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 which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entit	y Major Areas of Economic Activity (self)	Ac (partnership, as	s of Economic tivity sociation or similar ss entity)						
Name: Address:									
Name:	00000000000000000000000000000000000000	encontrol control and a challence where we construently on a protection and account of the challence of the	. authorities de la company de						
Address:									
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PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	/MENT
B. List each source of income derived from self-employment that nois greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profit the entity or person from whom the income was derived.	entity or person from whom you o	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:	t (1.00 to the construction to the construction of the constructio	renneseere 2m, kuus asiidin kiidinka kahahahahahahanni siinid yeed yee, kitas kiini aan kahaha oo shaana (i, h kita) (iii) jii.
Address:	RI IMPORTA A L	•
Name:	Note the contract of the contr	all destables the control of the con
Address:	April 1 to 1990	
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t	N. 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Billian mentaperatura de la mandra de la major de la major de la mandra de la major de la major de la major de
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)
Name:		
Address:	OLUTI I PANGERAL RA	
Name:	Primary Names and Control of Cont	28844-01-14-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Address:	A PASSORAL MARKET	110 P.
	OURGES 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	ann waa ka k	podpovenicý nacena negociajna 1977. U Billy diljedných jednosta negociana negociana negociana 1882. V Billy di
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: NORWAY SANINGS BANK		
Name: NORWAY SAVINGS BANK Address: NORWAY, WE.		7 CD
Name: SOCIAL SECURITY		
Address:	danish nashwa	
PART 5. REPORT	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	reporting period, and list the major
None	relative. Il flore, check the box	менентинический постолистика и постана на принципа на принципа на принципа на принципа на принципа на принципа На принципа на принц
Name and Address of Creditor	4 6 6 1	Principal Type of Economic
Name and Address of Orealto		Activity of Creditor
Name:	· ·	
Address:		
Name:	THE PROPERTY AND ASSAULT ASSAU	
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts		than \$200 from a single source. If
none, check the box	with an aggregate value of Hiore	uran \$500 from a single source. If
None		NON-State of Audio confirmation and and produce to the confirmation of the confirmatio
Name of Source of Gift 1.	Name of S 3.	ource of Gift
		essa kananan kananan kananan kanana kana Kanana kanana kanan
2.	4.	

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speech	nes rela	ted to y	our off	icial duties. If none, check the box.			
None	the lates and the second transfer of the second			an and a supplication of the supplication of t			
Name of Source of Honoraria		The state of the s	Na	ame of Source of Honoraria			
1.	3.	AUTHORISE					
2.	4,	MARIO DE COMPANION	© (************************************	og/#2000000000000000000000000000000000000			
PART 8. REPRESENTATION							
List each executive branch agency before which you represented o the box.	r assiste	ed othe	rs for o	compensation of any amount. If none, check			
⊠ None							
Name of Agency				Name of Agency			
1.	3.	· · · · · · · · · · · · · · · · · · ·	······································				
2.	4.						
PART 9. BUSINESS WI	ITH ST	ATE A	GEN(JES			
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 immed	Jiate far	nily so	old goods or services with a value in excess of			
⊠ None		shelikitheesess	Andirectorements	Trickford Planten of Control of C			
Name of Agency	processing and the second seco	memeratas no 2543	The second secon	Name of Agency			
1.	3.						
2. 4.							
PART 10. INCOME RECEIVED BY N				The state of the s			
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 Do no	,000 or ot includ	more le 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	/ed	Circle appropriate Kind of Income letter					
1. BRIDGTON HOSPITAL		(S)	D	PAYROLL (PART TIME)			
2.		s	D				
3.	3	S	D				
4.		S	D	-			
SIGNA	TURE						
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to	a fine	of \$1(O per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.							
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

NAME:	DATE:												
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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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