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.

	LEGISL	ATOR INFORMATION						
Name	Member of:	Member of:						
Thomas Savell Mailing address 60 Applesate City zin code	19 House	☐ Senate						
Mailing address	District							
60 Applesate	90	90						
City, zip code U. Ltun, ME	Phone	,						
Uilton, ME	645-3	645-3420						
PART 1. INCC	ME DERIVE	ED FROM EMPLOYMENT BY AN	NOTHER					
List the name and address of each emp principal type of economic activity of each	loyer from v employer.	whom you received compensation	n of \$1,000 or mo	ore. Specify the				
Name of Employer	Territoria de la companio de la comp	Address	Principal Type of Economic Activity of Employer					
Verso Pupe	60 '	Box 20 Jay Maine	Pulp+ P	Pulpt Paper manufacturing				
Unu of mane Farmington	Fo	irminston		E ducateur				
			•					
	The state of the s	RIVED FROM SELF-EMPLOYMI ors who are self-employed.)	≣NT					
A. List the name and address of your to derived income. If associated with a part areas of economic activity of that entity.	ousiness, if a Inership, firm	any, and list the major areas of n, professional association, or sir	economic activity nilar business enti	from which you ty, list the major				
Name and Address of Business Ent	Major Areas of Economic Activity (self)	/ A (partnership, as	Major Areas of Economic Activity (partnership, association or similar business entity)					
Name:		and the second s	ektorio en arregio transferi en 1900 (1902) una menera escono de gazza de seño. El como de seño de seño El como de seño	an errena er Errena errena erre				
Address:			e e					
				mana e popular de comitado e e en esta de comita de en				
Name;								

PARŤ 2 (continued). INCOME DE	RIVED FR	OM SELF-E	MPLOYMENT	
(For Legislators where 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.	epresents n	nore than 10% erson from who	om you derived some your derived some your derived some your grant of the principal some your derived	such income. If this form of type of economic activity of
Name and Address of Source		Novalia mandala, mandalakan panga banasa man	Activi	ncipal Type of Economic ty of Entity or Person Who ne Source of the Income
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Name:	netrostatornossociónicos en		MESSAGA ASSAGA AND AND AND AND AND AND AND AND AND AN	1995-1998-1998-1998-1998-1998-1998-1998-
Address:			1	
PART 3. MAJOR A (For Legislators who a	re attorneys-i	at-law only.)		
List your major areas of practice. If associated with a law firm, list t	he major ar	dynamia wateriinki rearendark rearendark terrida Ashibitika	STATE CONTRACTOR AND	NSSSSS Sistem to decide more an experience and experience of the control of the c
Name and Address of Firm		A rest to the contract of the	s of Practice elf)	Major Areas of Practice (firm)
Name:	Vanity ing ing ing ing ing		re / ·	
Address: 80.	ia hi hveira i co	e es		
Name:	andono suosa M			
Address:	SA-SA W SATEA-V-V	Waste Company of the		
PART 4. OTHER SC	OURCES (OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of thi	s form. Do no	t include gifts. I	f none, check the box.
None				
Name and Address of Source			(in	Kind of Income vestments, leases, etc.)
Name: IP Pension		-	ø	
Address:		·	T	ension
Name: Address:			a arcaniforcia in al inc	
PART 5. REPORT List the names of creditors for any <u>unsecured</u> loans of \$3,000 or re areas of economic activity of each creditor. Do not list loans from a	nore that yo	u received dur	ing the reporting	g period, and list the major
None	жение по при на при На при на при	000,000 alian (a. 40 milah da da milah da da mangang menggan yang meng Menggan yang menggan yang	enterententententententententententententente	respective of the second control of the seco
Name and Address of Creditor		en er	Prir	ncipal Type of Economic Activity of Creditor
Name:			The state of the s	
Address:			TO BE ADMINISTRATION AND ADMINIS	•
Name:	**************************************	MANAMATAN AND AND AND AND AND AND AND AND AND A		
Address:				10-10-10-10-10-10-10-10-10-10-10-10-10-1
PART 6. REPO	da a 172 de cardos ao está propriedad.			Total Marie Control of the Control o
List the specific source of each gift of more than \$300. Include gifts none, check the box	; with an ag	gregate value	of more than \$3	00 from a single source. If
Nome of Source of City	eng penamana 1975 ti di samu unak pandikanan di samban		ti menderima production mendelika terta iki kerjamate d	a tara tara tara mangana mangan m Tara tara tara mangan manga
Name of Source of Gift 1.	3.	<u>Nama ya Ma</u>	ame of Source o	or Gift
2.	4.			CANADA de de menor de la recompositiva de la COCOCOCCICA A la desde la menta de constituir de la compositiva d Canada de la recompositiva de la compositiva de la compositiva de la compositiva de la compositiva de la compo

PART 7. REI	PORTABLE H	ONO	RARIA	
List the source of any honoraria accepted for appearances of	r speeches relat	ed to y	our off	icial duties. If none, check the box.
□ None				
Name of Source of Honoraria			N	ame of Source of Honoraria
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2.	4.	(Eliesterellessistennes	***************************************	CONSIDERATION AND AND AND AND AND AND AND AND AND AN
PART 8. REPRESENTA	ATION BEFOR	RE ST	ATE A	AGENCIES
List each executive branch agency before which you repres the box.	ented or assiste	ed othe	ers for	compensation of any amount. If none, check
None	MESSA A kanimina a da da manaman na manga ang ang ang ang ang ang ang ang ang	raean caraonaan		
Name of Agency				Name of Agency
1.	3.	i a land de ser teatre ar en en e tota	The authorized for desired the desired and	armen na and the state of the s
2.	4.	etataren anno erenaen.	- Alderson de l'Auglinge soly effectes	nnteeta tallata kasta kast
PART 9. BUSINE	SS WITH ST	ATE A	CEN()ES
List each executive branch agency to which you or a membe \$1,000 during the reporting period. If none, check the box.		garantan sana		
None	ennikusianikumiden ennikusianika kanta		inaviarianian	
Name of Agency	The second secon		decisions and	Name of Agency
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2.	4.	Statistica de de mentra de comercia de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia de la comercia del la comercia del la comercia del la com	***************************************	1909-9-00000000000000000000000000000000
PART 10. INCOME RECEIVE	D BY MEMBE	De A	C IAANA	GRIÁTCEANU V
List the type of economic activity representing each source (ren) during the reporting period and the kind of income repre "D" for income received by dependents.	of income of \$1	,000 o	r more	e received by your spouse or dependent child
Type of Economic Activity Representing Source of Income	Received	appro	cle priate ter	Kind of Income
1.	77 - (-) - (-	S	D	
2.	ti ti till till 1900	s	D	de dikandrahan mediran mengenjah pendian pendian dikandi dikan
**************************************	***************************************	S	D	America, y 200 de 300 d
4.	***************************************	S	D	
	SIGNATURE			
A Legislator who willfully fails to file a required statemen (1 M.R.S.A. § 1017-A)	nt is 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 crir willfully filed a false statement, it shall refer its findings of fa	me. If the Com act to the Attorn	nmissio	on con neral.	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully	failed to file a	require	ed state	ement or has willfully filed a false statement,
the Legislator shall be presumed to have a conflict of in question in committee or in either branch of the Legislat (1 M.R.S.A. § 1019)	nterest on ever	v que	stion a	and shall be precluded from voting on any
2 th			1	15 09

Date

Signature

NAME:	DATE:										A 44 A 4	
ADDRESS:	- CAPACITATE CONTROL C	EMERICAN / RESPECTATION OF STREET PROPERTY PROPE	anta nicetti innepag _{iore} .	POPOSOCIONES CONTRACTORISMOSICO	SATE CATALOGUE ASSOCIAÇÃO ASSOCIA	<i>омпасатичестверная</i> мсоншим	1889 M B LAMPAN B A BANGAR A LAMPAN AND THE ANGLE ANGLE AND THE ANGLE	THE ALLEY DESIGNATION OF THE CONTRACT OF	эмпериотельного формация (предоставления)	NATURAL MARKET MARKATAN MARKATAN PARKATAN PARKAT	AMANAMANTANIAN ANTANAMANTANIAN ANTANAMANTANIAN ANTANAMANTANIAN ANTANAMANTANIAN ANTANAMANTANIAN ANTANAMANTANIAN	AN ASSERTANCE THE BOOK STOCK COMMUNICATION OF THE BOOK STOCK C
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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