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2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

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.

Please check if this is an update to a previously filed statement for the calendar year 2008.											
LEGISLATOR INFORMATION											
Name AM Mailing address Co. Cox 437		Member of: ☐ House ☐ Senate District									
City, zip code FUEB HIW, ME	204614	Phone									
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.											
Name of Employer	Address	Principal Type of Economic Activity of Employer									
COUNTRY ENR	BOUE ALUS ME 046/4	Apsertal TY Lawastry									
TOWN OF ELLE HILL	BOXYIZ BULL HILL, WE 04619	TOWN GOVERNMENT									
	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)										
A. List the name and address of your busine derived income. If associated with a partnersh areas of economic activity of that entity.	ess, if any, and list the major areas of ec nip, firm, professional association, or simila	onomic activity from which you ar business entity, list the major									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)									
Name: BELEE HILL FIRM COLLEGES JAN Address: BOX 437 BLUE HILLIME OF	up Hospitaliy										
Name: Address:	Excellent find district.										

PA	ART 2 (continued). INCOME DE (For Legislators who	RIVED FROM SELF-EMPI to are self-employed.)	LOYMENT
is greater, and specify the prin-	e derived from self-employment that re ncipal type of economic activity of the t, rule, or an established code of profe	epresents more than 10% of y	your gross income or \$1,000, whicheve you derived such income. If this form on the principal type of economic activity of
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: BLUE HUL Address:	FREN COUNTRY IN DOKYET BAKE A	JOREIST JOGEIST	
Name: Address:			1
		REAS OF PRACTICE	
List your major areas of practic	ce. If associated with a law firm, list the		vour firm.
The second secon	and Address of Firm	Major Areas of (self)	
Name: Address:		ерм шкаланы кий	Allese reserved
Name:			CONTROL CONTRO
Address:	, marine de la companya de la compa	CAMADELLIVE	· · · · · · · · · · · · · · · · · · ·
	PART 4. OTHER SC	OURCES OF INCOME	
List each source of income of \$	\$1,000 or more <u>not listed</u> in Parts 1, 2	Applies to the second of the s	lude gifts. If none, check the box.
None	Andrew (Control of the Control of th	чины ту 1920 он адыйленный денный дейген түчүүчү нэгүүчү байга анымдыг тактаба түскү түлүү оны адыйлын адыйлагы	aranna kil 1984 (1975), kanalakundina kilimmi (1970), kilikiliki kanasa nerebengangan (1977), kiliki dikadana mendibin sebasik dibi
	Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:			Proticipia kina.
Address;	Ditamony on on your and the second		
Name:			
Address:			
List the names of creditors for areas of economic activity of ea	The state of the s	ABLE LIABILITIES ore that you received during to relative. If none, check the both	the reporting period, and list the major ox
None	9-94-95-95-95-55-55-55-55-55-55-55-55-55-55-	provinces of a control of the contro	одникования при
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:			
Address:			
Name:		en e	THE PROPERTY OF THE PROPERTY O
Áddress:			
	PART 6. REPOI	- 1. Telephone (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
none, check the box	gift of more than \$300. Include gifts	with an aggregate value of me	ore than \$300 from a single source. If
Z-None	al the state of th		1977 (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978) (1978)
Name of S 1.	Source of Gift	Name 3.	of Source of Gift
2.	50000353445629-bet-vibrate-on-phytypestrycytes	**************************************	etti kassa kukun en menen en massa sasa kun katan kan kan man menen massa sasa kun kan kan kan menen menen sasa Tan kan sasa kan kan kan kan kan kan kan kan kan ka

PART 7. REPORTABLE List the source of any honoraria accepted for appearances or speeches		Alexandra de la companya de la compa	cial duties. If none, check the box.
None	SW Sulfild Andrew Sulfild American general announce of	enementari enementari Mazza, ese con	CONTRACTION AND TO AN OUT MAIN AND AN AND AND AND AND AND AND AND AND
Name of Source of Honoraria	Phase No. 1, 100 March 100	Na	ime of Source of Honoraria
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2. 4.	4 : 10 d 400000000 d . a Almado 386	Make to once of changing goest garge or over	でいる。 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
PART 8. REPRESENTATION BE	FORE S	ATEA	GENCIES
List each executive branch agency before which you represented or as the box.	ssisted oth	ers for c	compensation of any amount. If none, check
None	**************************************	YYMORTHOLORIAN DARLADAR	
Name of Agency			Name of Agency
1. 3.			
2. 4.		MARCH VIII MARIA MAR	til det en de
PART 9. BUSINESS WITH	STATE /	GENC	IES
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.	nmediate fa	mily sol	d goods or services with a value in excess of
None	Nathaithir sattleocconnecucumumumumumumumumumumumumumumumumumum		over from the British Bellevi () (Vertill til klamid til samd til samd timat som att menne menne som en en en i sjel sje klami
Name of Ageηcy	Vicinia i mana californi para		Name of Agency
1.			
2. 4.	мериобиотоского долинесь выменя основней и		***************************************
PART 10. INCOME RECEIVED BY MEI	MBERS C	F IMMI	EDIÁTE FÁMILY
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.	of \$1,000 (o not inclu	or 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 Received	appro	rcle opriate iter	Kind of Income
1.	S	D	•
2.	S	D	
3.	S	D	**************************************
4.	S	D	
SIGNATU	RE		
A Legislator who willfully fails to file a required statement is subject		of \$10	ner business day until the report is filed
(1 M.R.S.A. § 1017-A)	z to a mic	. 01 1010	per business day until the report is med.
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 A	Commissi ttorney Go	on conceneral.	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to fi the Legislator shall be presumed to have a conflict of interest on	le a requir	ed state	ement or has willfully filed a false statement,
question in committee or in either branch of the Legislature, and s (1 M.R.S.A. § 1019)	shall not a	ttempt	to influence the outcome of any question.

Date

Signature

NAME:	DATE:										e en			
ADDRESS:	eri (M Penasanakan tanun termencegan baga gaga	4498684444 menne (menene energen en en en energen en en en energen en e	***************************************	energen (naza en	**************************************	errenerikkennennen vonor i automi innenna.		CONTRACTOR AND CONTRA	r america anticome est controlor and a second	**************************************		***************************************	aranismaalista paavalaasiska aran aa	DARTE MARKET LANGUAGE PARTICION DA MARKET
ADDITIONAL INFORMATION														
Please provide information you	any additional are providing.	information	below	(and	on a	additional	sheets	if needed).	Indicate	the p	art or	section	number	for the
Part/Section Number		\$\$\delta\tau\tau\tau\tau\tau\tau\tau\tau\tau\t	alita di Alaya sancas, ana cara											
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