Office: 242 State Street, Augusta, Maine



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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.

Member of:    District   102     Phone   787-43     ROM EMPLOYMENT BY ANOTHER  In you received compensation of \$1,000 or more. Specify
District 102 Phone 787-43  ROM EMPLOYMENT BY ANOTHER
Phone 787-43 ROM EMPLOYMENT BY ANOTHER
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A STATE OF THE PROPERTY OF THE
1 you received compensation of \$1,000 or more. Specifi
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Address Principal Type of Econom Activity of Employer
Sewell ST Rail Road
The second secon
Wild deleter representation to the contract of
D FROM SELF-EMPLOYMENT
the are self-employed.)  and list the major areas of economic activity from which ofessional association, or similar business entity, list the m
Major Areas of Economic Major Areas of Economic Major Areas of Economic Activity Activity (partnership, association or sir business entity)
The second seco
COUNTY ASSESSMENT AND ASSESSMENT

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYI o are self-employed.)	VENT
B. List each source of income derived from self-employment that ruis greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profithe entity or person from whom the income was derived.	epresents more than 10% of your g	erived 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:	14.6	
Address:		
Name:	CAMPBER OF THE PERSON OF THE P	
Address:	All provides to a state of the	
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		irm.
Name and Address of Firm	Major Areas of Practi (self)	ice Major Areas of Practice (firm)
Name:	4.5	VIII.
Address:		
Name:		$\frac{1}{2} \left( \frac{1}{2} \left$
Address:	Kanainka barbaro	
PART 4. OTHER SO	DURGES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	And the state of t	gifts. If none, check the box.
None	Marie Marie Marie Control of the Con	ation, variables and integrating the spring of the spring spring and spring spr
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	to his itility as	
Address:		
Name:	escherotes man	
Address:		
	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	relative. If none, check the box	eporting period, and list the major
None	Op springende amerikansk progress (1971–1974–1974 – 1974–1974)	antielle hang fige ausges programmer ein gemeine ein soch er en soch ein en soch betreet betreet betreet bestelle soch soch eine soch betreet betreet bestelle soch betreet betreet betreet betreet betreet betreet betreet betreet bestelle soch ein betreet
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	a dispersion de la constante d	
Address:	**************************************	The state of the s
Name:		
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	RTABLE GIFTS with an aggregate value of more the	han \$300 from a single source. If
None	NYTO IN VARIENTA NA SEA NA MARKATANA AND AND AND AND AND AND AND AND AND	**************************************
Name of Source of Gift	Name of Sc	ource of Gift
1. January Strate	3.	THE THE CONTRACTOR OF SHALLS
2.	4.	TOTOTO CONTROL MANAGEMENT AND

PART 7. REPORTAL List the source of any honoraria accepted for appearances or speeche			cial duties. If none, check the box.			
None	nearanteennateeris vannamineeris ee oora		онтор нарожног рат 1988 (1988) (1988) (1988) (1988) (1984) (1984), как — насельный байный тор продуссов продуссов под 1984 (1984) (198			
Name of Source of Honoraria		Na	ame of Source of Honoraria			
1.	3.					
2.	4.					
PART 8. REPRESENTATION E	BEFORE ST	ATE A	GENCIES			
List each executive branch agency before which you represented or the box.	assisted oth	ers for o	compensation of any amount. If none, check			
None		······································				
Name of Agency			Name of Agency			
1.	3.	· ·				
2.	4.					
PART 9. BUSINESS WIT	H STATE /	GENC	IES			
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	immediate fa	mily so	d goods or services with a value in excess of			
None	and Similar Madelian measure and interest and engineering of the specific party or degraph	obribacion de consideraciones de				
Name of Agency		CONTRACTOR CONTRACTOR	Name of Agency			
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED BY M	EMBERS O	FIMM	EDIATE FAMILY			
List the type of economic activity representing each source of incom (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1,000 o Do 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 Receive	ed appro	rcle opriate iter	Kind of Income			
1. teaching	(S)	D	employment			
2.	S	D				
3.	S	D	die der volle der Westerner der von von der verwerber vergreigt sprijk in Option Geber Westerner der der Versenber verwerber versenber v			
4.	S	D	***************************************			
SIGNAT	URE					
A Legislator who willfully fails to file a required statement is subj		of \$10	per business day until the report is filed			
(1 M.R.S.A. § 1017-A)		7 - "	The state of the s			
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	ne Commissi Attorney Ge	on con eneral.	cludes that it appears that a Legislator has			
f the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest of question in committee or in either branch of the Legislature, and 1 M.R.S.A. § 1019)	n every que	stion a	nd shall be precluded from voting on any			
	4	7	5-09			
Signature		A 1				

NAME: M	ichqe	)	Sh	9W	annan maga 4 ya kiliko en estra kiliko hakilandan (o. iginaka kiliko ga ekendi	DATE:	41.000	5-09	1. J	REMAY en la trick de transverse en
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Please provide information you	any additional are providing.	informatio	on below	(and on ac	ditional sheet	if needed).	Indicate	the part or	section nu	mber for the
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