Office: 242 State Street, Augusta, Maine



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)

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 Sara Ste Mailing address 252 Nowell	Member of: ☐ House ☐ Senate District							
City, zip code Bangar, ME	Phone 942-8.900							
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						
University OF Phoenix	Phoenix Arizona	Faculty.						
Congressman Michaud	23 Water St Surte 205 Bengur, ME	District Representative						
The state of the s	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	Ť						
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 Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)						
Name: Laboran Maculai Address: Bayo	9x/ Hogm matel	ministration of the second						
Name Address: Camples	Room Maty	TO TO						

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLO no are self-employed.)	YMENT		
B. List each source of income derived from self-employment that r is 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	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:	akineminimus um merk y tipikatat 195 di 1950 tila på di linka på linka å å nimitet i til til til til til til t			
Address:	Meganitar william (Microsopia and a second and a second application of product of produc			
Name:				
Address:				
	REAS OF PRACTICE re attorneys-at-law only.)			
List your major areas of practice. If associated with a law firm, list	and the second s	r firm.		
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)		
Name:				
Address:	erita ita ha dataka			
Name:	CACCIO COLO A CALLA CALLA A MANAGEMENTA PROPERTY PROTOCOCOCOCO CALLA CAL			
Address:	Lizzai i ka ja j			
	OURCES 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	e gifts. If none, check the box.		
None	Statement general mental mental security of the security of th			
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name: Amonda Sprowl Address: 252 Nowell Rel (Jan-A				
Address: 252 Novell Rel (Jan-A	hag)	Numma ET		
		nommale		
Address: 252 Navell Rel (Sept-Dec		1000114		
	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	nore that you received during the relative. If none, check the box.	reporting period, and list the major		
₩ None		2000-00-00-00-00-00-00-00-00-00-00-00-00		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:		terminin tantan karan kana kana mamanin kemangan kana katalah dalah dalah darah manganggan kemanggan kerasan b		
Address:				
Name:	######################################	**************************************		
Address:	•			
	RTABLE GIFTS			
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	than \$300 from a single source. If		
None	**************************************			
Name of Source of Gift	Name of	Source of Gift		
1.	3.	•		
2.	4.	2008-Y XX 10000 (3.35 (2004) A Colorado de se es		

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PART 7. REPORTABLE HONORARIA						
List the source of any honoraria accepted for appearances or speed	hes relat	ted to y	our off	icial duties. If none, check the box.		
None	adhammada adhamid ay dhiran barridan		~~~~ <u>~</u>	and the control of th		
Name of Source of Honoraria	Remonant Land		N	ame of Source of Honoraria		
	3.					
2.	4.					
PART 8. REPRESENTATION						
List each executive branch agency before which you represented the box.	or assiste	ed othe	rs for	compensation of any amount. If none, check		
None	***************************************	***************************************				
Name of Agency		A STATE OF THE STA	A comment of the comment	Name of Agency		
1.	3.					
2.	4.	992minolofinemumana.				
PART 9. BUSINESS W	/ITH ST/	ATE A	GENC	CIES		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immed	liate fa	mily so	old goods or services with a value in excess of		
None	and a second	300000000000000000000000000000000000000	Manager Community of the Strategy of the Strat	- Windowski (tris is is in the state of the		
Name of Agency	AND PROPERTY AND CALLED		ATTRICTOR ATTRICTOR ATTRICTOR	Name of Agency		
1.	3.					
2.	4.			**************************************		
PART 10. INCOME RECEIVED BY I	90%		A Company of the Comp			
List the type of economic activity representing each source of incomental (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1 d. Do no	,000 o t includ	r 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	ved	Ciro appro lett	priate	Kind of Income		
1.		S	D			
2.	whomstariummunifi.	s	D			
3.	on the second se	S	D			
4.	37 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	S	D			
SIGNATURE						
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	bject to	a fine	of \$10	0 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

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NAME:	Sara	Ster	413.		ı	DATE:	2/	3/09	
ADDRESS:	25	2	Na	rell	Red	indo etermina e e e e e e e e e e e e e e e e e e e	TECONOCIO DE CONTROL D	and the second	energia de la composição de la composição La composição de la composição d
ADDITIONAL INFORMATION									
Please provide information you	any additional are providing.	information	below (and	on additiona	sheets if nee	eded).	Indicate the	part or sectio	n number for the
Part/Section Number			and from the PP of Electric PP of Electric PP of the PA below to the electric PP of Electric PP	**************************************					
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