



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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MAINE ETHICS COMMISSION

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.

Name Mercetth Stand Burges Member of Senate	Diffease check it this is an update to a previously filed statement for the calendar year 2008.									
Meling address City, zip code City co	LEGISLATOR INFORMATION									
City, zip code Cumber and , Me O402 Phone 807.829.6264 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 Address Principal Type of Economic Activity of Employer Address Principal Type of Economic Activity of Employer Address Principal Type of Economic Activity of Employer Address Principal Type 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 (partnership, association or similar business entity) Name:	Meredita ().	Strang Burgess	· · · · · · · · · · · · · · · · · · ·							
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Name:	Name and Address of Business Entity		Activity (partnership, association or similar							
Address:		The State and th	TORISTICATION AND AND AND AND AND AND AND AND AND AN							
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Name: Address:		weither the contract of the co	#-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A							
AUGUSS.	AUTUGO.	1 4	37. A.							

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLO o are self-employed.)	YMENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	epresents more than 10% of you entity or person from whom you	derived such income. If this form of 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:		300 M
Address:		
Name:		Situation and the situation of the situa
Address:		
(For Legislators who ar	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t	and the second s	ti tati kalendari mangan kalendari mangan di pakan da pakan kalendari mangan mangan mangan da pakan kalendari m
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name:	rantanaprissors	
Address:	AND THE PROPERTY OF THE PROPER	мынин түү жүү жүү жүү жүү жүү жүү жүү жүү жүү
Name:	**Colorida kanala disear	K.) TERRON MIN (1) (1)
Address:	AMMUTT	
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME 2. or 3 of this form. Do not include	te diffs. If none check the hox
None	The Annual Conference of the C	re gino. Il tiorie, circon die box.
∩ Name and Address of Source		Kind of Income
Name: Rental Preporty located at	Office Builday	(investments, leases, etc.)
Address: 1290 Congress St. Fortland	b. Me Offor	Kenter
Name: Rental Property located at	(House)	\sim 1 Ω
Address: 1296 Congroso St. Portl	ard, He 04102	Kental
	ABLE LIABILITIES	
List the names of creditors for any unsecured loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box.	ereporting period, and list the major
None	PROFILE FOR THE SECOND CONTRACT OF THE SECOND	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	And hands are the more representative of the Contract of the C	
Name:		
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts	Control of the Contro	- 4 - a #200 from a climate neurone. If
none, check the box	with an aggregate value of more	e than \$300 from a single source. II
None	de proprio de seus facilitates de la companya de l La companya de la companya del la companya de la companya del la companya de la companya del la companya de la companya del la companya	ang ganaran ing ing ing ing ing ing ing ing ing in
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	Balton are entry of the Contract Contra

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.							
None							
Name of Source of Honoraria Name of Source of Honoraria							
1. 3.							
2. 4.	ence vernance de casa de la casa d		######################################				
PART 8. REPRESENTATION BEFO	RE ST	ATE A	GENCIES				
List each executive branch agency before which you represented or assist the pox.	ted othe	rs for o	compensation of any amount. If none, check				
None							
Name of Agency Name of Agency							
3.							
2. 4.							
PART 9. BUSINESS WITH S	FATE A	GENC	DIES				
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.	ediate fai	nily so	ld goods or services with a value in excess of				
☐ None		PROTECTORION ACMANAMIA					
Name of Agency 1 State? Maine - Lucampany, Pringer Albortsing 2. Regularly Competers for State Compacts awarded through a cause title							
PART 10. INCOME RECEIVED BY MEMB	ERS O	- IMM	EDIATE FAMILY				
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.							
Type of Economic Activity Representing Source of Income Received	Circ approj lett	oriate	Kind of Income				
1. Holical Aldrews	ری	(D)					
2.	S	D	The second and the se				
3.	S	D	THE REPORT OF THE PROPERTY OF				
4.	S	D					
SIGNATURE							
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)							
The intentional filing of a false statement is a Class E crime. If the Co	mamala al-						

e 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.\\S.A. § 1019)

Signature

NAME:			-	·	Meriarna etereter eteraria ander		DATE:	***************************************	r de en de en -	AN TO POST ACTION AS ACTION	<i>-</i>	en e	enter de la companya
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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 sec	ction	number	for the
Part/Section Number													
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