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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Phone: 207-287-4179 Fax: 207-287-6775

MAINEETHICS 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 Address District House Senate	☐ Please check if this is an update to a pr	eviously fi	led statement for the calendar year	2008.	The second secon
Mailing address 1738 Chepsican Rd District Phone Phone RG4-1490		LEGISL	ATOR INFORMATION		
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 to principal type of economic activity of each employer. Name of Employer Address Principal Type of Economic Activity of Employer Surface and Weston Commission of Employer For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which y derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity. Major Areas of Economic Activity (self) Major Areas of Economic Activity (partnership, association or similar business entity)	Mailing address 1738 Chepman	21		House 🗆 s	Senate
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	Name and Address of Business Entity		Major Areas of Economic Activity	Activity (partnership, association	or similar
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Address:				the character and the characte	

PART 2 (continued). INCOME (For Legislators	DERIVED FROM SELF- s who are self-employed.)	EMPLOYMEN ³	ſ
B. List each source of income derived from self-employment the is greater, and specify the principal type of economic activity of disclosure is prohibited by law, rule, or an established code of put the entity or person from whom the income was derived.	at represents more than 10° the entity or person from what	hom you derived only the principal	such income. If this form of type of economic activity of
Name and Address of Source	9	Activ	incipal Type of Economic vity of Entity or Person Who the Source of the Income
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Address:		Lederatedoray	
Name:	NAMANA menenentang nganggang nganggang 1000 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		William was the west of might shad the contract of the contrac
Address:		Jeth Chall over we o	
	R AREAS OF PRACTICE		
List your major areas of practice. If associated with a law firm, I		ce of your firm.	
Name and Address of Firm	Major Are	as of Practice (self)	Major Areas of Practice (firm)
Name:	Y Affina	Scii)	AMP 10
Address:	ik e tingi i e mk		e de
Name:		SUBSCIECTAGE AND	The second and the contract of
Address:	Stational Real		S OT THE REAL PROPERTY OF THE
PART 4. OTHER	SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts		Committee of the contract of t	If none, check the box.
None	SAMMANANANAN PROPERTY PROPERTY COMMANDA SAMANAN SAMAN SA	NEW YORK STATEMENT OF THE STATEMENT AND ASSESSED ASSESSED.	MOLANIA MANINAMINAMINAMINAMINAMINAMINAMINAMINAMI
Name and Address of Source		i filigia designa mang kanagana ang mananana na gana ang 18,000 ki ang diagan na pananga	Kind of Income
Name: Maria State Rothemant			vestments, leases, etc.)
Name: Maine State Retirement Address: Augusta ME		Ke	nsibn
Name:	SIGNATURE SAMANINA AND AND AND AND AND AND AND AND AND A	**************************************	PRESIDENTIAL STATE AND
Address:	÷	A Literature	
PART 5. REPO	RTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list loans from	or more that you received du	uring the reportin	g period, and list the major
None None	isa mpangkapan mamang pendamanan malam mangga papagapan menantukan mada malam dibindah salam sagaran sagaran s	in man see and a see of the see of	oor van 1882 - Andrew wood on de groei van 1885 in 1886 was de de de groei van 1885 in 1886 was de groei van de
Name and Address of Creditor		Prir	ncipal Type of Economic Activity of Creditor
Name:			
Address:		***************************************	
Name:			
Address:			-
	PORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include g none, check the box	lifts with an aggregate value	of more than \$3	100 from a single source. If
None	elementen (g. 1881), es la segui es es es escriber e establección (establección), propriente primitiva en cons	·	The state of the s
Name of Source of Gift 1.	3.	Vame of Source o	of Gift
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PART 7. REPORTA	and the same of the same	ga ye servira dasi			
List the source of any honoraria accepted for appearances or speech	hes relate	ed to y	our of	ficial duties. If none, check the box.	
None					
Name of Source of Honoraria			Ņ	ame of Source of Honoraria	
1.	3.			·	
2.	4.		***************************************	200 CO 20	
PART 8. REPRESENTATION		4.4 (2.44.4.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4			
List each executive branch agency before which you represented o the box.	or assiste	d othe	ers for	compensation of any amount. If none, check	
None	THE SECTION AND ADDRESS OF THE SECTION ASSESSMENT	***************************************	Milesticke Williams and Street, Street		
Name of Agency				Name of Agency	
1.	3.				
2.	4.				
PART 9. BUSINESS WI	CONTRACTOR CONTRACTOR				
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ır immedi	ate fa	mily sc	old goods or services with a value in excess of	
None	Val. M. Microsco e e e e e e e e e e e e e e e e e e e	esponnessauce	Administrative for the Military or State		
Name of Agency Name of Agency					
1.	3 .				
2. 4.					
PART 10. INCOME RECEIVED BY M	MEMBEF	RS O	FIMM	EDIATE FAMILY	
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.	me of \$1, l. Do not	000 o	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	Cir appro let	714 111 1 11	Kind of Income	
1.		S	D		
2.	FEET PARTIES AND	S	D		
3.	***************************************	S	D	www.dawnenenenenenenenenenenenenenenenenenene	
4.	**************************************	S	D		
SIGNAT	TURE				
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	bject to a	ı fine	of \$1	0 per business day until the report is filed.	
The intentional filing of a false statement is a Class E crime. If t	the Com	missic	on con	cludes 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.Ş.A. § 1019)

Signature

NAME:		DATE:						
ADDRESS:	TABLESCALAR CORRECT OR ST. A. SOCIAL DE SANCIAL AND SA	ATTEMATICALISMENTA	The manufacture of the Community of the	Margana Manasana Canasa Sanga Magalan (dabah merupak canasan Kanasa Kanasan Kanasan Kanasan Kanasan Kanasan Ka	m remembers and the state of th	were transfer and an entire property of the first and a transfer and an entire property of the first and a second and a se	MMORPHISADA Antonio de la reconstitución de conseguia antonio de la conseguia antonio della conseguia	
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