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.

	LEGISLATOR INFORMATION				
Name Richard M.	54/45	Member of:			
Mailing address PO Box 86	and the second s	District 98			
City, zip code  HARRISON ME	D4040	Phone 583 2958			
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY AN	IOTHER			
List the name and address of each employer principal type of economic activity of each employer.	rer from whom you received compensation of the property of the	n of \$1,000 or more. Specify the			
Name of Employer	Principal Type of Economic Activity of Employer				
STATIONE	Augusta	House of Reprosentations			
		d du maken			
north Constitution (American American A	998 T. SOCIO Z. COMO MARIANI (N. 14. MYSTOCIO CORROCOCIO COMMERCIA (N. 14. MYSTOCIO CORROCOCIO CORR	THE THE PARTY OF THE PARTY OF THE			
	OME DERIVED FROM SELF-EMPLOYME Legislators who are self-employed.)	NI.			
A. List the name and address of your busi derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the major areas of	economic activity from which you nilar 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: Address:  ### Address:		200 200 200 200 200 200 200 200 200 200			
Name:	The state of the s	The state of the s			
Address:		2			

	PART 2 (continued). INCOME D	DERIVED FROM SELF-EN who are self-employed.)	IPLOYMENT			
is greater, and disclosure is p	source of income derived from self-employment that dispecify the principal type of economic activity of the prohibited by law, rule, or an established code of presson from whom the income was derived.	t represents more than 10% o	n vou derived such	income If this form of		
	Name and Address of Source	Activity o	al Type of Economic f Entity or Person Who Source of the Income			
Name: Address:	None	The second secon	transitionen metaleman menemen ergentil fil skulle film kritis i kritisinen, erstammen ergen erge ergen film film film film film film film film	1999 teta hakutakan kana kanaka ke mininininin kenya 20 ya 22 22 22 24 24 24 24 24 24 24 24 24 24		
Name: Address:		The state of the s				
		AREAS OF PRACTICE are attorneys-at-law only.)				
List your majo	or areas of practice. If associated with a law firm, lis		of vour firm	N debug is a series of the ser		
	Name and Address of Firm	Major Areas (sel	of Practice N	flajor Areas of Practice (firm)		
Name: Address:	W/A	od Mariatanal in Name				
Name; Address:				PRINTED TO TO TO TO TO TO TO THE THE PRINTED TO THE TO THE TO		
	PART 4. OTHER S	SOURCES OF INCOME	And the second s			
List each sour	ce of income of \$1,000 or more <u>not listed</u> in Parts 1	, 2, or 3 of this form. Do not	include gifts. If no	ne, check the box.		
☐ None	VARIOUS STOCKE	reaction and the second	- 7/2	dends		
	Name and Address of Source			and of Income ments, leases, etc.)		
Name:	Pe STATE RETIPEMENT	No.	Fen	1510		
Address:	4033			rsia teasst		
Name:	Property Pentals	Rasi	Ronta 1 Income			
Address:			É L	Income		
List the names areas of econo	PART 5. REPORT 5 of creditors for any <u>unsecured</u> loans of \$3,000 or omic activity of each creditor. Do not list loans from	RTABLE LIABILITIES more that you received during a relative. If none, check the	ng the reporting pe	eriod, and list the major		
	Name and Address of Creditor			al Type of Economic ivity of Creditor		
Name:	in		Proper describe and AAA AAA AAA			
Address:	None	M. BEREN A. S. A.	**************************************			
Name: Address:			Virtual resources and the second seco			
	DADTE DED	ORTABLE GIFTS				
List the specific none, check the	c source of each gift of more than \$300. Include git	11. Conference of the control of	more than \$300 f	rom a single source. If		
None	Nove	re-en-th-file (1971) (1984) when demonstrated a supply of the file (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)	NA SIBORA MARKATAN KATANINI MARKATAN KATANINI KATANINI MARKATAN KATANINI MARKATAN KATANINI MARKATAN KATANINI M			
1.	Name of Source of Gift	Nar 3.	ne of Source of Gi			
2.		4.	CO Nobbusse o de une time в не на нечество пред стеми со болько до до до до до на нечество в нечество со во со	#200000000 Mildline Merespery (No. 22.000 O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/		

	PORTABLE		the state of the s				
List the source of any honoraria accepted for appearances of	or speeches rela	ated to y	our off	icial duties. If none, check the box.			
<b>E</b> None			Janesia wikasii dee fastiisiin ka				
Name of Source of Honoraria		The second secon	N	ame of Source of Honoraria			
1. None	3.	**************************************					
2.	4.			The second secon			
PART 8. REPRESENT	ATION BEFO	RE ST	ATE /	AGENCIES			
List each executive branch agency before which you represtite box.	sented or assis	led othe	rs for	compensation of any amount. If none, check			
None	**************************************	***************************************					
Name of Agency				Name of Agency			
1. None	3.		-				
2.	. 4.	~~~~					
PART 9. BUSIN	ESS WITH ST	ATE A	GENC	IES			
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your imme	diate far	nily so	ld goods or services with a value in excess of			
None	(1999)	**************************************					
Name of Agency	**************************************		Part 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of Agency			
1. None	3.	3.					
2.	4.	4.					
PART 10. INCOME RECEIVE	D BY MEMBI	ERS OF	IMM	EDIATE FAMILY			
List the type of economic activity representing each source (ren) during the reporting period and the kind of income repr "D" for income received by dependents.	of income of \$ esented. Do n	1,000 or ot includ	more e gifts	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income	e Received	Circ approp lett	riate	Kind of Income			
1. Me STATE POTREMENT		(s)	D	Persion			
2. 4036		B	D	Forsion Intonest			
3.		S	D	The state of the s			
4.	-	S	D				
	SIGNATURE						
A Legislator who willfully fails to file a required statemer 1 M.R.S.A. § 1017-A)	nt is subject to	a fine	of \$1(	per business day until the report is filed.			
The intentional filing of a false statement is a Class E cri willfully filed a false statement, it shall refer its findings of fa	me. If the Cor	mmissio nev Ger	n con	cludes that it appears that a Legislator has			
f the Commission determines that a Legislator has willfully		-		mont 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

NAME:	DATE:												
ADDRESS:	ник и полишени в станся в може серественной дород.	Anggin are anishing and a Nigarine anishing and anishing anishing and anishing anish		THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	<del>elementation de la composition de la compositio</del>	entre (alle et la septembre de la septembre et alabane)	raciani nunanan susa perusaanan summunan on suujuan an	garantaggan vangarangnya (diga), senag	redittelikken endræmenen		<del>reace and a more ri</del> ce a party of	######################################	Militaria (Angiren), dagar
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the pa	rt or	section	number	for the
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