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MAINEETHICS COMMISSIO

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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 pre	eviously filed statement for the calendar year 2	008				
	LEGISLATOR INFORMATION					
Name-Joshna A. Tardy		Member of: ☐ House ☐ Senate				
Mailing address PO But 3%1	District 25					
City, zip code Newport, ME 64953	Phone 207-341-5858					
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				
Irwin Toudy & Morris	474 Hain St., Newport	Attorney				
State of Maine	2 State Hove Station, Augusta	légolation				
Millennia Carentia	Rt. 100, Newport	banquet facility				
Tody Comos Group UC	an accommendation of the contract of the contr	formiture manfature				
ITA Realty	Ncwport, ME	rental,				
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (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 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: No Change from prior billing. Address:	my and the same of	t the special control of the special control				
Name: Address:	775 AMANAN (					

PART 2 (continued). INCOME DERIV		IENT	
B. List each source of income derived from self-employment that repre is greater, and specify the principal type of economic activity of the ent disclosure is prohibited by law, rule, or an established code of professi the entity or person from whom the income was derived.	ity or person from whom you de	rived 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: Address: NO Charge from prin filing			
Name: Address:			
PART 3. MAJOR ARE  (For Legislators who are at			
List your major areas of practice. If associated with a law firm, list the r		······································	
Name and Address of Firm	Major Areas of Practi (self)	confluence was a common a war a construction of the construction o	
Name: Dwin Tordy & Morris Address: Po Bux 476 Newport ME	Littgetion/r	eal estate same	
Address: Po Buy 476 Newport ME	rangan dagan samban dagan samban dagan samban samban dagan samban samban samban samban samban samban samban sa	The second material of the contract that the part of t	
Name: Address:		CERRON TAXAB	
PART 4. OTHER SOUP	RCES OF INCOME	Transfer of the Control of the Contr	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	3 of this form. Do not include g	ifts. If none, check the box.	
None	i en manor amengando de casage englesa ederfector (16), de 19 m menger men en en encomercio en encom	ANNA MININA NON ALTER COMMUNICATIONS TO THE SALE OF TH	
	and the second s	Kind of Income	
Name and Address of Source	S. A. A. W. W. T	(investments, leases, etc.)	
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Address:	•		
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Address:	DANKEL .		
PART 5. REPORTAB	LE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a rela		porting period, and list the major	
None .	and managements as the processing of the Conference of the Confere	and a management appropriate and the second of the second	
Name and Address of Creditor	CONTRACTOR SELECTION AND ADMINISTRATION OF THE PROPERTY OF THE	Principal Type of Economic Activity of Creditor	
Name:		7 40 110 7/1 40 -	
Address:	and the second s		
Name:			
Address:			
PART 6. REPORT	ABLE GIFTS	and the second s	
List the specific source of each gift of more than \$300. Include gifts with none, check the box	h an aggregate value of more th	an \$300 from a single source. If	
None			
Name of Source of Gift	Name of So	urce of Gift	
<b>1.</b> 3.			
2. 4.			

PART 7. REPOR	TARKE			
to many many many many many many many many		38. 1. 32	· · · · · · · · · · · · · · · · · · ·	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
List the source of any honoraria accepted for appearances or spe	ecnes rela	itea to y	our on	icial duties. If none, check the box.
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PART 8. REPRESENTATION	N BEFO	RE ST	ATE /	GENCIES
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Name of Agency		www s.	· Jane	Name of Agency
1. Land Use Regulatory Commission	3.			
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PART 9. BUSINESS	WITH ST	ATE A	GEN	CIES A A PARA A SA A A A A A A A A A A A A A A A A
List each executive branch agency to which you or a member of y \$1,000 during the reporting period. If none, check the box.	our imme	diate far	nily so	old goods or services with a value in excess of
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Name of Agency		~~~~	. ,	Name of Agency
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PART 10 INCOME RECEIVED BY	MEMBE	-RS OF	- IMM	EDIATE FAMILY
List the type of economic activity representing each source of income represent "D" for income received by dependents.	come of \$	1,000 o	r more	received by your spouse or dependent child
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1. \( \text{lim} \) Office manage.  2.  3.  4.  SIGN  A Legislator who willfully fails to file a required statement is s (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. willfully filed a false statement, it shall refer its findings of fact to	IATURE subject to	s S S S S S S S S S S S S S S S S S S S	D D D of \$1	O per business day until the report is filed.
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1. \( \text{Lw office manage.} \)  2.  3.  4.  SIGN  A Legislator who willfully fails to file a required statement is s (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. willfully filed a false statement, it shall refer its findings of fact to If the Commission determines that a Legislator has willfully faile the Legislator shall be presumed to have a conflict of interesquestion in committee or in either branch of the Legislature,	IATURE subject to If the Cor the Attor d to file a st on eve	s S S S S S S S S S S S S S S S S S S S	D D D of \$1 on corneral. d statistion attempt	O per business day until the report is filed.  Includes that it appears that a Legislator has ement or has willfully filed a false statement, and shall be precluded from voting on any