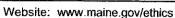
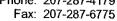
Office: 242 State Street, Augusta, Maine



Phone: 207-287-4179



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 calend	ar year 2008.
LEGIS	LATOR INFORMATION	
Charles Kow The	ntault	Member of: ☐ House ☐ Senate
Mailing address 116-22 WD Avenue	2	District 2
Moderawas Ka Maine	Phone 128-4526	
PART 1. INCOME DERIV	VED FROM EMPLOYMENT I	BY ANOTHER
List the name and address of each employer from principal type of economic activity of each employer.	whom you received compe	nsation of \$1,000 or more. Specify the
Name of Employer	Principal Type of Economic Activity of Employer	
Maine State hegislature. &	2 State House & Lugusta, Marco	Station Representing 04333-0002. Citizens
	•	
	ERIVED FROM SELF-EMPL tors who are self-employed.)	OYMENT
A. List the name and address of your business, it derived income. If associated with a partnership, fil areas of economic activity of that entity.	f any, and list the major are	as of economic activity from which you or similar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic (self)	Major Areas of Economic Activity Activity (partnership, association or similar business entity)
Name: Address: None		and a second control of the second control o
Name:		
Address:		

	NCOME DERIVED FROM SELF- Legislators who are self-employed.)	EMPLOYMENT	
B. List each source of income derived from self-emplois greater, and specify the principal type of economic a disclosure is prohibited by law, rule, or an established the entity or person from whom the income was derive	oyment that represents more than 10 activity of the entity or person from w I code of professional ethics, specify	hom vou derived s	such income. If this form of
Name and Address	of Source	Activit	ncipal Type of Economic ty of Entity or Person Who ne Source of the Income
Name:		and Park reason recovering.	PS Shall delicated the delicated that the Policy and project (2.5 of V to a color a second consistence and color and
Address: NON	C:		
Name: Address:		urvastrosa digriber (+-	
	MAJOR AREAS OF PRACTICE gislators who are attorneys-at-law only.)	E	
List your major areas of practice. If associated with a l	law firm, list the major areas of practi	\$	
Name and Address of Firm		eas of Practice (self)	Major Areas of Practice (firm)
Name:		Editor EX Control Control Control	
Address: W/A	41	4.7 V	
Name:	SECONOCIOSIO Anniquestra de principio de la constitución de la consequencia della consequ		PRISERY*** 2000000000 3: 200:0000 Allerine equipment operations and an anticology of 200000000000000000000000000000000000
Address:	na o' vidinary v	**************************************	
	OTHER SOURCES OF INCOME	A PERSONAL PROPERTY OF THE PRO	
List each source of income of \$1,000 or more not listed	d in Parts 1, 2, or 3 of this form. Do r	not include gifts. If	none, check the box.
La None			anna an 1881 (1890) dh'anna dhudh an anna an an an 1889 dh'an ann an anna an an an an ann an ann an a
Name and Address		(inv	Kind of Income restments, leases, etc.)
Name: Sociel Security Address: U.S. Federal Gout. Name: Fraser Paper Pension		Mich Michigan Michiga Michiga Michiga Michiga Michiga Michiga Michiga Michiga Michiga Michiga Michiga Michiga Michiga Mi	very Prision
Address: U.S. Federal Gout.		,	OCCOST MANORIAN MONTHAL AND
	· ·	THE THE PROPERTY	dy pension
Address: EARly Petinement insunc	ance payments	man	thly
	5. REPORTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list	f \$3,000 or more that you received a loans from a relative. If none, check	luring the reporting the box	g period, and list the major
None		SSSEE/ALACOURCE/ALACAMANIA (Annual Annual Annua	OCCULA AND HER
Name and Address o	of Creditor		cipal Type of Economic Activity of Creditor
Name:		MARIJOT VI JANA	
Address:	Addresses-y-v-valoration to Materials are an extensive property at the first black as the extensive property of the control of	Data di di di data da	
Name:			
Address:			
List the specific source of each gift of more than \$300. none, check the box	RT 6. REPORTABLE GIFTS Include gifts with an aggregate valu	e of more than \$30	00 from a single source. If
None	**************************************	***************************************	was not represented that the state of the st
Name of Source of Gift 1.	sall decommendation of the state of the stat	Name of Source o	F Gift
<u></u>	4.	normal management of the second secon	www.ed-4935500000000000000000000000000000000000

d.

PART 7. REPORTA			Control of the second					
List the source of any honoraria accepted for appearances or speed	ches relate	ed to yo	our offi	icial duties. If none, check the box.				
│			ĺ.	ame of Source of Honoraria				
1.	3.			arie of Source of Honoraria				
от поставления принагования ставления общего всего всего на принагования поставления пост	4.	PHILIP - WORKING S. CARLING S. L.C. A	BCMBooksoupsyspapage	1002707032070666466666666666666666666666666666666				
PART 8. REPRESENTATION List each executive branch agency before which you represented of								
the box.	NOTICE AND ADDRESS OF THE PARTY	······································	28970BURUAN					
Name of Agency	geralease			Name of Agency				
1.	3.	raema saa suurus Se Sa Sa		halle di dalah)				
		West reduction and adjust to	BREU W. Adulanda (v. Janaila q'is-					
2.	4.							
PART 9. BUSINESS W		1						
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 immedi	iate fan	nily so	ld goods or services with a value in excess of				
None	2002000 de disconsisso de la media con de la grapa de pro-	rer-kreczczszanananiania	anti tana anta anta anta anta anta anta					
Name of Agency			New Arrange System	Name of Agency				
1.	3.							
2.	4.	4994-10194-1995-100020002-2008-498-6-4-4						
PART 10. INCOME RECEIVED BY I	MEMBEI	RS OF	IMM	EDIATE FAMILY				
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1 d. Do not	,000 or 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 Recei	ived	Circ approp	riate	Kind of Income				
1. Sector Samuely	The second secon	(S) D		montall/				
1. Social Security 2. Maine State Retihement		(S)	D	Sociel Security				
	~	<u></u>	UNSCHOOLSE AND	PLUSTOW.				
3.		S	D					
4.	A) 40 de au a01 de 40 de	s	D					
SIGNA	TURE							
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject to	a fine	of \$10) per business day until the report is filed.				
The intentional filing of a false statement is a Class F crime. If	the Com	mieeio	n con	cludes that it appears that a Logislater has				

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

2-4-09 Date

NAME:	DATE:										ana ka a manusana dan sa		
ADDRESS:	ander der der det 1. Sp. 12 f. s. Sp. 12 f. s	THE PARTY NAMED AND ADDRESS OF THE PARTY NAMED IN T	PPRESENTATION OF THE PRESENTATION OF THE PRESE	1600 Maria de Composito de Compo	THE THE PART OF TH	nervarne navatro di Stato di S	METERITALISMI PATALISMI PARISMI PARISM	Монен от наполно и полно на наполно на напол На наполно на на на на на на на н	czonam w POLEY Romanio	WEATH OF COLUMN	***************************************	A8998000 - от пост в постат и голово.	
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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
Part/Section Number	No. of the second secon												
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