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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.

☐ Please check if this is an update to a pre	viously filed statement for the calenda	ır year 2008.
	LEGISLATOR INFORMATION	
Name Mailing address  Mailing address  Mailing address	Butile 2 2d	Member of:  House
City, zip code	496	Phone 723-5177
PART 1. INCOME	DERIVED FROM EMPLOYMENT B	Y ANOTHER
List the name and address of each employed principal type of economic activity of each employed	er from whom you received compens ployer.	sation of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
TB. Equipment	892 Od/in Rd Bangor ME 0446/ 2 SHIS AUgusta	Express ALRED BY
State of Maint	ZSHIS Avgusta	Lightshor
(For	DME DERIVED FROM SELF-EMPLO Legislators who are self-employed.)	And the second s
A. List the name and address of your busin derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas ship, firm, professional association, o	s of economic activity from which you or similar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic A (self)	Major Areas of Economic ctivity Activity (partnership, association or similar business entity)
Name: Address;		
Name:		

PART 2 (continued), INCOME (For Legislator	DERIVED FROM SELF-EI rs who are self-employed.)	<b>UPLOYMENT</b>	
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 the entity or person from whom the income was derived.	hat represents more than 10% f the entity or person from who	m vou derived s	such income. If this form of
Name and Address of Source	Ce .	Activi	ncipal Type of Economic ty of Entity or Person Who he Source of the Income
Name: Address:		mana mana a mata a mata a 125 standarda de servicios de la delegida desenvacione.	memomenter, vo el la label pilololololololololololololololololololo
Name:	natura kanish di quan sahiqidi (1777) didhishdi dakida dakida natura ana matara dharidi (1884) (1882) didhishdi dakida dakida natura ana matara dharidi (1884) (1882) didhishdi dakida dakida na matara dharidi (1884) (1882) didhishdi dakida dakida na matara dharidi (1884) (1882) didhishdi dakida dakida dharidi dakida dhar		Visitia North (III 100 100 100 100 100 100 100 100 100
Address:		a file of the file	
Control of the Contro	R AREAS OF PRACTICE		
List your major areas of practice. If associated with a law firm,	the are attemeys-at-law only.)  list the major areas of practice	of your firm.	
Name and Address of Firm	Major Areas (se		Major Areas of Practice (firm)
Name:	20 V7 ) A.S. i	***************************************	
Address:		mildhailmanhaan agammaa oo coronoo coro	fundamental historia en esta proprio de la composició de
Name:	. Transacion residint	X) (**) - 1 (**) (**) (**) (**) (**) (**) (**) (*	
Address:			
	R SOURCES OF INCOME	The state of the s	
List each source of income of \$1,000 or more not listed in Parts  None	S 1, Z, OF 3 OF INIS FORM. DO NOT	include gitts. If	f none, check the box.
		Control for Control for the Control of the Control	Kind of Income
Name and Address of Sourc		(inv	vestments, leases, etc.)
Name: Machins Saurys Bank Address: PO BOX 318		IN	rstants
Name: TB. Equipment 877	ON Im Rd By		veholder
PART 5 REPO	ORTABLE LIABILITIES	///\fu	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list loans from	or more that you received duri	ng the reporting e box	g period, and list the major
None	No.	CONTRACT CONTRACT CO.	COCCOCCCC TORROWS A Commission on the service of the service of the control of the coccoccion of the c
Name and Address of Credito	or		cipal Type of Economic Activity of Creditor
Name:			
Address:	reconnected the second	00000 F00000 F00F888AAA	
Name:			
Address:			
	EPORTABLE GIFTS	4-	
List the specific source of each gift of more than \$300. Include none, check the box	yins with an aggregate value of	or more than \$30	υυ πom a single source. If
None	ang mana di 12 to 12	e 12 ka aya maray ya marantan a sebenanya di ayana ba 12 ka 12	banda kirin mengani di Sadan Kiringga Masa da kanda kangan kanda kanda kanda pan 1900 da kangada Kirina kanda k
Name of Source of Gift  1.	<b>N</b> a 3.	me of Source o	f Gift
2.	4.		**************************************

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PART	7. REPORTABLE HO	NOI	RARIA		
List the source of any honoraria accepted for appeara	ances or speeches related	l to y	our offic	cial duties. If none, check the box.	
☑ None	- 1995 (1994)   1,5 (1996)   1996 (1996)   1	, era rason rarrosa <b>dimo</b>	and management opposite the		
Name of Source of Honoraria			Na	me of Source of Honoraria	
1.	3.	3.			
2.	4.	4.			
PART 8. REPRE	SENTATION BEFORE		ATE A	GENCIES	
List each executive branch agency before which you the box.					
None	HTM000000000000000000000000000000000000		PROPERTY CONTROL AND CONTROL CONTROL		
Name of Agency				Name of Agency	
1.	<b>3.</b>				
2.	4.	damen e e e e e e e e e e e e e e e e e e	CCCCCCOOLICECTICOLICACIONIA ANTONIO		
PART 9. B	BUSINESS WITH STAT	EΑ	GENC	IES	
List each executive branch agency to which you or a \$1,000 during the reporting period. If none, check the	member of your immedia	te fa	mily sol	d goods or services with a value in excess of	
None	Washidadaan and dhaadhaa fi ah	falhim#avavasidas	272624384444444444444444444444444444444444	rette (1980) til til til store	
Name of Agency				Name of Agency	
1.	3.		ariGunan wanahilah wanihilah Hur	######################################	
2.	**************************************	4.			
PART 10. INCOME RE	CEIVED BY MEMBER	s o	FIMME	EDIATE FÂMILY	
List the type of economic activity representing each (ren) during the reporting period and the kind of incon "D" for income received by dependents.	source of income of \$1,0 ne represented. Do not in	00 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 Received a	Circle eceived appropriate Kind of Inc		Kind of Income	
1. ///	AND	S	D		
2.		s	D .		
anaananaaneessaanaa fuuria araanaanaanaanaanaaneessaaneessaaneessaanaaneessaaneessaaneessaanaaneessaanaaneessa 3.	Bilder littler de assesses en	S	D	environmentalisti suuteiseksisteksisteksisteksisteksistemaa auvon on o	
4.	B. 48h. ahad Annon ang apagang 1998 1998 1998 1998 1998 1998 1998 199	S	D		
		٠,			
	SIGNATURE				
A Legislator who willfully fails to file a required sta (1 M.R.S.A. § 1017-A)	atement is subject to a	fine	of \$10	per business day until the report is filed.	
The intentional filing of a false statement is a Class willfully filed a false statement, it shall refer its finding	s E crime. If the Comm	nissio / Ge	on conc neral	ludes that it appears that a Legislator has	
If the Commission determines that a Legislator has the Legislator shall be presumed to have a conflict question in committee or in either branch of the L	willfully failed to file a red ct of interest on every	quire ques	d state	nd shall be precluded from voting on any	

Date

(1 M.R.S.A. § 1019)

Signature

NAME:	Mrehas/ Thibester DATE: 2/17/09	First Co. as
ADDRESS:	169 Poles Carne Rd. Ulmterpert	A Commence of the Commence of
	ADDITIONAL INFORMATION	
information yo	de any additional information below (and on additional sheets if needed). Indicate the part or section number for the ou are providing.	
Part/Section Number		
4	Thibodeau REALTY and DEV. 3 Coup Smetholise 897001m RJ Bargor 3 Coup Smetholise	المارين
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4	Barrows  Maine Feterbitt  892 Odlin Rl.  Barretolte  B	- Same