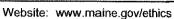
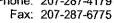


Office: 242 State Street, Augusta, Maine



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 calendar year 2008.								
LEGISLATOR INFORMATION								
Name Douglas A. 1/1011	Na 5	Member of: ☐ House ☐ Senate						
Mailing address 306 Stream	road	District 2 4						
City, zip code Repley, MI	04930	Phone 277-3017						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from v principal type of economic activity of each employer.	vhom you received compensation o	of \$1,000 or more. Specify the						
Name of Employer	Address	Principal Type of Economic Activity of Employer						
Self Thomas Freward	same as abou	Retail Firewood						
The Control of Control	The control of the co							
,	THE CONTROL OF THE TAXABLE PROPERTY OF THE CONTROL OF T							
the control of the co	RIVED FROM SELF-EMPLOYMENT ors 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: Doug Thomas firewood Address:	Retail tile wood							
Name:	**************************************	THE PROPERTY OF THE PROPERTY O						
Address:								

PART 2 (continued). INCOME DE (For Legislators wi	ERIVED FROM SELF-EMP ho are self-employed.)	LOYMENT	
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profite entity or person from whom the income was derived.	represents more than 10% of	vou derived sur	ch income. If this form of
Name and Address of Source		Activity	ipal Type of Economic of Entity or Person Who Source of the Income
Name:	erit to the extra liber his season and the entry of the e	tide telementalised all memories commences y compression accession	Westmand to the State and the
Address:		THE PROPERTY OF THE PARTY OF TH	
Name:	MACAD MICHAEL AND		
Address:			
	AREAS OF PRACTICE are attorneys-at-law only.)	and the second s	
List your major areas of practice. If associated with a law firm, list		your firm.	Secretary Secretary Annual Conference on the Conference of the Conference on the Con
Name and Address of Firm	Major Areas of (self)	Practice	Major Areas of Practice (firm)
Name:	N.C.		(MIII)
Address:	A mesonal system (Line)	Notices with the first transfer in	
Name:			.de-uniproproproproproproproproproproproproprop
Address:	what distributed by	SECONOPPOST PARA	
	OURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not inc	clude gifts. If no	one, check the box.
None			
Name and Address of Source			Kind of Income stments, leases, etc.)
Name:		more recording the Libe Constitution of a second process of a seco	- พระเสียงใช้สายครั้งสายใช้เก็บได้เก็บรามสายการเก็บได้เก็บสายใช้การเก็บการสายการเก็บสายสายการเก็บสายคระบางการเ - พระเสียงใช้สายครั้งสายใช้เก็บได้เก็บรามสายการเก็บสายใช้คาใหญ่ที่สายใช้สายใช้สายสายการเก็บสายใช้สายคระบางการเ
Address:			
Name:		100AAA	TO THE STATE OF TH
Address:			
	TABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	nore that you received during relative. If none, check the b	the reporting p	period, and list the major
□ None	2007/00/00/46-не-нем то постоя в 2000 г. — «не нем нем то постоя постоя на нем нем нем нем нем постоя постоя н	week-beginner/cytophrotics/controllocation/bed-real-real-real-real-real-real-real-real	обращения от станов на предоставления предоставлени
Name and Address of Creditor			oal Type of Economic ctivity of Creditor
Name: Ovedit Cands Address:		Ba	inks
Name:		and the same of th	20000000000000000000000000000000000000
Address:			
	ORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of m	ore than \$300	from a single source. If
None		#35450E353MAhABBAA4####******************************	war an arriver and open the think and an arriver and an arriver and are a second and the second and are an arriver and are a second and a second and are a second and a second and a second and are a second and a
Name of Source of Gift  1.	Name 3.	of Source of G	
2.	4.	60000000000000000000000000000000000000	MetumenropempyYC0000000CCC00awdebuseswoogenropY000C0s6Abbillibildhabuuddadasspyrigenrop

PART 7. REPORTA	The same of the sa	0.555 0.005 0.005 0.000 0.000				
List the source of any honoraria accepted for appearances or speecl	hes related to y	our offic	ial duties. If none, check the box.			
None None Constitution						
Name of Source of Honoraria		Nar	me of Source of Honoraria			
1.	3. 	www.czyodziologodziologowie.				
2.	4.	#IDTOXXXIII	20000000000000000000000000000000000000			
PART 8. REPRESENTATION						
List each executive branch agency before which you represented of the box.	r assisted othe	rs for co	ompensation of any amount. If none, check			
None		- Settled and the sequence of the second				
Name of Agency			Name of Agency			
1.	3.					
2.	4.	editividades en considurado en considera e				
PART 9. BUSINESS W	ITH STATE A	GENCI	<b>ES</b>			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.						
None	ober edeleti i gedileti erdileta distra distra distra distra distra distra distra distra distra di construire	(CSEC) CERTIFICATION CONTINUES CONTI	MATERIA STATE STAT			
Name of Agency			Name of Agency			
	3.	SECTION SECTION ASSESSMENT	talian di Addie Santa de Control de Santa de Control de			
1. Maine State Housing		ORDEROMONEMENTAL MANAGEMENT AND ADDRESS OF THE ADDR				
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBERS O	F IMME	DIATE FAMILY			
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 or i. Do not includ	r more r 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			Kind of Income			
1.	S	D				
2.	S	D				
3.	S	D	The state of the s			
4.	S	D	•			
SIGNA	TURE					
A Legislator who willfully fails to file a required statement is sul (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 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 the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, ar (1 M.R.S.A. § 1019)	to file a require	ed stater stion an	nd shall be precluded from voting on any			
	_					

Date

NAME:	DATE:						en e			
ADDRESS:	THEOREM ANN REPORTED STREET, SECTION AND AN ACCOUNT AND AN ACCOUNT AND ACCOUNT	<sup>†</sup> иц <b>и</b> мен <b>и и</b> подавани подав	And the second contract of the second contrac	- Control of the Cont	er megrinensamen gir av skildstyr megrinas vers skildstylle skildstylle skildstylle skildstylle skildstylle sk	aviandingarakan kanapangan angkanikan	erdelment marianen menemena kongregori	Herefrauerat Atabas (Astro-11)		arten en e
ADDITIONAL INFORMATION										
Please provide information you	any additional are providing.	information	below (and on	additional shee	ts if needed).	Indicate th	e part or	section	number	for the
Part/Section Number										
	dannie 4 + Calpid (MACA)						- The second of			et taan di lahatan oo maa
	ODVOLA JALI NANAGARINANA									
	NAVRA AND STATE OF THE STATE OF		•							
	An Andrewsky resources and an and an and an and an and an and an an and an an and an									
•	NOTERACI NAME AND ADDRESS OF THE STATE OF TH									
	Loonstanderstands ANNO									
	vo casaananeissappa									
	TO ADDITIONAL PROPERTY OF THE						÷			
e constant de la cons	re-over a static design				-					
TO THE PARTY OF TH	PARAMETER AND									
and the second of persons and the second of										
*										
Sajan saa na n	*								•	
anni His PECATRA SCHARAS.										
*COSTACCOCCANANCE AND A STATE										
Akiemiesomszoocz										
2000 to GOOD Annuary Control			·							
nderiona.v.c.co				٠						
Continuent										
sundiffunction weight										
virialising vizzano. Sesse										
de Carl Million Cappillon (Value										

Š