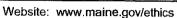
Office: 242 State Street, Augusta, Maine



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.

LEG	ISLATOR INFORMATION				
Name		Member of:			
Kanela Jakon Irinvara		☑ House ☐ Senate			
Mailing address		District			
117 Silver St.	1947-1940/1940/1940/1940/1940/1940/1940/1940/				
Panela Jahan Trumara Mailing address 117 Silver St. City, zip code, Waterrill ME U4	1901	Phone 201 8727545			
PART 1. INCOME DEF	RIVED FROM EMPLOYMENT BY AND	THER			
List the name and address of each employer from principal type of economic activity of each employer	om whom you received compensation er.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
Castine Energy Services, 11	7 Silver St.	Consulting Engineer			
Castine Energy Services, 11 Inc	7 Silver St. Valeurelle, ME 04901	,			
	Market - American Parket in the State Colonia Colonia Colonia Colonia (Alberta in Alberta in Albert	от о			
	DERIVED FROM SELF-EMPLOYMEN slators who are self-employed.)	П			
<ul> <li>A. List the name and address of your business, derived income. If associated with a partnership, areas of economic activity of that entity.</li> </ul>	, if any, and list the major areas of e firm, professional association, or simi	conomic activity from which you lar 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:		The Transaction of State Benefit (1997) and the State State Benefit (1997) and the State State Benefit (1997) and the State State State Benefit (1997) and the State Sta			
Address:					
lane:	9875755511Andress	POR MORE MORE AND ANALYSIS OF THE PROPERTY OF			
		ž			

PART 2 (continued). INCOME DERIVED (For Legislators who are se	elf-employed.)	
B. List each source of income derived from self-employment that represer is greater, and specify the principal type of economic activity of the entity of disclosure is prohibited by law, rule, or an established code of professional the entity or person from whom the income was derived.	or person from whom you derive	ved such income. If this form of cipal type of economic activity of
Name and Address of Source	Ą	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	· vettavores	1991 Americka de de transportante de la composición del composición de la composició
Address:		
Name:	**************************************	
Address:		
PART 3. MAJOR AREAS (For Legislators who are attorn		
List your major areas of practice. If associated with a law firm, list the major	and the state of t	n
Name and Address of Firm	Major Areas of Practice (self)	e Major Areas of Practice
Name:	(Sen)	(firm)
Address:	was found in the let	**************************************
мате:	About the state of	remerciante di produccio concessione e e e e e e e e e e e e e e e e e e
Address:	is in the same of	. Vicini pri di diava
PART 4. OTHER SOURCE	ES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 or	Park to the second seco	ts. If none, check the box.
None	re ( ) II dhi , ma saannaannaannaannaannaannaan oo	MISSIANAPAANAPAyantaaliikanii (* )- (8) (38) (-) (38) (88) (80) (80) (80) (80) (80) (80) (8
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		According to the second
Address:	bahan ajikikin	
Name:	TOTAL TO	\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P
Address:	A off to the first	
PART 5. REPORTABLE	LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list loans from a relative	at you received during the repo	orting period, and list the major
None     None	3. If none, check the box	9622045351:unvhadraneve = = esymptoprojettorssettorssettorssettialandeve
Name and Address of Creditor	enterminant of the second seco	Principal Type of Economic
TRAITE BNO PIGUIEGG OF OFFICE	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Activity of Creditor
Name:	A 50 MA ANA ANA ANA	
Address:		Antilliden was an area and a grant (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909)
Name:		
Address:		
PART 6. REPORTAB  List the specific source of each gift of more than \$300. Include gifts with an none, check the box	<u> 18 establica (n. 1821). Partir el Problem (n. 1820). Espagno qui problem en contrata a sel 18</u>	n \$300 from a single source. If
□ None	1984-ben 1995 (PA) STEP THE BUILD HE HAD BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO	от при ставите зуществення при выполня на при ставительного при ставительного при выполня на при ставительного
Name of Source of Gift	Name of Sour	rce of Gift
1. Women In Government Airline ticket to 3.		the consideration of \$100 and the construction of the construction
2. DC conference Great Carrer os Personal 4.	менянняя пере пере статор в простоя в простоя в простоя в пере пере пере пере пере пере пере пе	

PART 7. REPORTA	BLE HON	ORARI				
List the source of any honoraria accepted for appearances or speech						
None	7.7463858284484845BARSBAA446666646464646	······································	-			
Name of Source of Honoraria		ħ	ame of Source of Honoraria			
1.	3.					
2.	4.	Subsection of the Subsection o	остольной высоком не			
PART 8. REPRESENTATION	BEFORE S	TATE	AGENCIES			
List each executive branch agency before which you represented or the box.	r assisted ot	hers for	compensation of any amount. If none, check			
□ None		Selection of the select				
Name of Agency			Name of Agency			
1.	3.		e e			
2.	4.		methonologische sonseen auch an in der geholde der der der der der der der der der d			
PART 9. BUSINESS WI	TH STATE	AGEN	e/ES			
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.						
None	Profesional distance and the second s	dennes en				
Name of Agency			Name of Agency			
1.	-6-64-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	·····································				
2.	4.					
PART 10. INCOME RECEIVED BY M	EMPEDO	OE IMM	EDIATE EAMILÝ			
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,000	or more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Receive	ed app	Circle Appropriate Kind of Income				
<b>1</b> .	s	etter D				
	S	D				
3.	······································	D	Control And Annual was recovered to the State of College And College And College Annual Annua			
4.	S	D				
SIGNAT	URE					
A Legislator who willfully fails to file a required statement is subj (1 M.R.S.A. § 1017-A)	ject to a fin	e of \$1	0 per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the	ne Commiss Attorney G	sion con ieneral.	cludes that it appears that a Legislator has			
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest of question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	o file a requi	red state	and shall be precluded from voting on any			
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Signature

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ADDRESS:		т эт ший бай од	<i></i>	Minimum managana man	на объем на применения на п	K-MANAHISAN AN ANDONYA (TANSA AND AND AND AND AND AND AND AND AND AN	ВМ-Мо-бо-Чолосковом волико и г	де се при се попеда по попеда на при пред попеда на при пред попеда на при пред попеда на пред попеда на пред п	APARA PARA MARINE NEW MARINE AND	TATO TATO ALCOHOLOGO	PANELIS (M. A. A. M. A. M. A. M. A. M. A. M. M. A. M.	a name ni i name ni incensi name
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets i	f needed).	Indicate	the part of	r section	number	for the
Part/Section Number												
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