Office: 242 State Street, Augusta, Maine



Name

Member of:

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)

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

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.

LEGISLATOR INFORMATION

Name John L. Tutt	1e JR.	Member of: ☑ House ☐ Senate
Mailing address 176 - 6 Hage		District 1 4 3
City, zip code	ne. 04573	Phone 3 2 4 - 5 9 6 4
	DERIVED FROM EMPLOYMENT BY ANO	
List the name and address of each employer principal type of economic activity of each employer	from whom you received compensation of loyer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
North Est mobile Health Services	Scarbolough me 04074	Emer. med_ Tech.
state House of Reple Sentatives	2-5HS Augusta me. 04233	state izzelature
	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	İ
A. List the name and address of your busine derived income. If associated with a partnershareas of economic activity of that entity.	ess, if any, and list the major areas of ec	onomic activity from which you ar 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: Address: V one		
Name:	100000000000000000000000000000000000000	The State Control of the State
Address:		

	PART 2 (continued). INCOME DE (For Legislators where the continued of the	RIVED F	ROM SELF-EMPLO'	YMENT	
is greater, and sp disclosure is prof	rce of income derived from self-employment that receify the principal type of economic activity of the nibited by law, rule, or an established code of proton from whom the income was derived.	epresents entity or r	more than 10% of your	derived such income. If this form	of
	Name and Address of Source			Principal Type of Economic Activity of Entity or Person Wh is the Source of the Income	0
Name: Address:	None	,			
Name: Address;				The state of the s	
	PART 3. MAJOR A (For Legislators who a				Control of the contro
List your major ar	reas of practice. If associated with a law firm, list	The first territory and the first section of	the control of the co	r firm.	ATTENDED OF
	Name and Address of Firm	CANATATION SALES AND	Major Areas of Pra (self)	and the second s	8
Name: Address:	None		MENNANA ANT GENERAL STATES OF THE STATES OF	d School Control	
Name: Address:		-	The Control State of the second secon	TO CONTROL CO	1515010109
	PART 4. OTHER SO	DURCES	OE INCOME		Maria de la
List each source of	of income of \$1,000 or more not listed in Parts 1, 2			e aifts. If none, check the box	
☑ None	er 1980 (Parastan J. Lakin Advinori - gamentatik kaasa kunimanan menganggapi er 19.12 at Lakin kuniman kecana melapi pir 1924 yang dalam salah kemua melani mungan sa	ndaganan naman mananan menahan edakan edaka	er-serviralende deletitat (Jahana), roomi-serviranden eroprodukte vasitatiera dealetitat. 🛶 sobre	andto i nigori, phonytissiyasiisii siilooliisii siiki, saraata waxa qood ahahagada tilissaada oolissaa, aanaanaada goodaga agaasia saaaaaaaa	
	Name and Address of Source			Kind of Income (investments, leases, etc.)	
Name:			a david a garage		
Address:	None		Market Market		
Name:			-	and the second of the second o	***************************************
Address:			in the second		
	PART 5. REPORT	ABLE LI	ABILITIES		
List the names of areas of economic	creditors for any <u>unsecured</u> loans of \$3,000 or moderactivity of each creditor. Do not list loans from a	ore that v	ou received during the	reporting period, and list the major	or
None					Treasure .
	Name and Address of Creditor			Principal Type of Economic Activity of Creditor	
Name:			AA AA		
Address:	Non	<u> </u>	7788751.W322557.M3485665AA		
Name:					
Address:					
	PART 6. REPO				
none, check the b	ource of each gift of more than \$300. Include gifts ox	with an a	ggregate value of more	than \$300 from a single source.	lf
None		me		owney, of transportation, the about the contract with	
1.	Name of Source of Gift	3.	Name of \$	Source of Gift	
2.	00000000000000000000000000000000000000	4.	$\ \ 200004660000000000000000000000000000000$		West State of the Land of the

PART 7. REPORTA	ABLE HON	OR	LARIA	•			
List the source of any honoraria accepted for appearances or speech	hes related t	о у	our off	icial duties. If none, check the box.			
⊠ None							
Name of Source of Honoraria			N	ame of Source of Honoraria			
1.	3.						
2.							
PART 8. REPRESENTATION	BEFORE	ST/	ATE /	AGENCIES			
List each executive branch agency before which you represented o the box.	r assisted o	the	rs for	compensation of any amount. If none, check			
None	***************************************		***************************************	Approximation Calabata Market Approximation (Approximation Calabata Approximation Calabata			
Name of Agency				Name of Agency			
1.	3.						
2.	4.						
PART 9. BUSINESS W	TH STATE	: A	GENC	DIES			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	r immediate	far	nily so	ld goods or services with a value in excess of			
☑ None	White 17 to 1800 to 180	***************************************	ndkaranak:2000keneee				
Name of Agency	TO MARKET AND ASSETS AND ASSETS			Name of Agency			
1.	3.						
2.	4.						
PART 10. INCOME RECEIVED BY N	MEMBERS	OF	IMM	EDIATE FAMILY			
List the type of economic activity representing each source of incorr (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ne of \$1,000	or C	more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Receiv	red ap	Circle appropriate Kind of Income letter					
1. ASSIST Treasures Town of Sanford	me (s		D	Em playment			
2.	S	Panemon ()	D				
3.	S	***************************************	D	detail de année de contraction de la contraction			
4.	S		D				
SIGNA	TURE	Tagang San and An Angang San and An Angang San and And Angang San Andara Angang San Andara Angang San Andara					
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to a fi	ne	of \$10	per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	the Commis e Attorney (sio Ger	n con- neral.	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, an (1 M.R.S.A. § 1019)	o file a requ	iired ues	d state tion a	nd shall be precluded from voting on any			

Signature

NAME:	DATE:												
ADDRESS:	е от «Ментем» поводительной в 20 до Ангоновической поводительной достигности поводительности поводите	West Control of the C	^á rica motatar en a teneramen	PMMMMM ervesters erreins acess	ORAÇA BILANDA A PARA PARA PARA PARA PARA PARA PARA	erandera (h. 1967). 1960 - Angeles Angeles erandera erandera erandera erandera erandera erandera erandera erandera erandera erande	ar nadar eraker eraken bilan eraken bilan eraken eraken eraken eraken bilan eraken bilan eraken bilan eraken b	nama a sen amati e 1.44876664 decembro e tanto e tento e	Wednesday Albertanous	A TO THE PERSON NAMED IN COLUMN NAMED IN COLUM	Метрина на поста на население одна на поста на -	O Maring NA A Village of the Antique	POLACIA (Miles de la constitución de la constituc
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.													
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