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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINEETHICS COMMISSION

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.

	LEGISL	ATOR INFORMATION				
Name LINDA VALEN:	tiNO		Member of: ☐ House ☐ Senate			
Mailing address PO BOX	1049		District /3 4 Phone			
City, zip code SACO, ME	E 0	4072				
PART 1. INCO	ME DERIVE	D FROM EMPLOYMENT BY AND	DIHER			
List the name and address of each emp principal type of economic activity of each	loyer from w employer.	whom you received compensation	of \$1,000 or more. Specify the			
Name of Employer		Address	Principal Type of Economic Activity of Employer			
synte of marine	Ryg	WA, ME	State Ref.			
	Per transmit A manufactura access access					
		COCCCC SEASON - A Price - HER SEASON SEASON COCCCC SCOCK SEASON S	and Sections—40,077,72,220,074,730,000,000,000,000,000,000,000,000,000			
		RIVED FROM SELF-EMPLOYMEN	T.			
A. List the name and address of your bedrived income. If associated with a part areas of economic activity of that entity.	ousiness, if a	any, and list the major areas of e	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: SACO TOURCE INC		Rex Stote	menghan samuna kamana samuna dan dan dan dan dan dan dan dan dan d			
Address: POBOX 1849, SARO Name: CMVALENTINO ASSOCIATES, DN		Divertuents C. Real estate Sales				
Address: PO Box 1049	101-14	Ked Color	V. (

PART 2 (continued). INCOME DERIVED I (For Legislators who are self-	FROM SELF-EMPLOY	MENT					
B. List each source of income derived from self-employment that represents is greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional the entity or person from whom the income was derived.	s more than 10% of your	lerived such income. If this form o					
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income						
Name:							
Address:							
Name:	ti course e e e e						
Address:							
PART 3. MAJOR AREAS O (For Legislators who are attorney	And the state of t						
List your major areas of practice. If associated with a law firm, list the major	A STATE OF THE PARTY OF THE PAR	firm.					
Name and Address of Firm	Major Areas of Prac	tice Major Areas of Practice (firm)					
Name:							
Address:	Wildelian to an one of	Week was a second of the secon					
Name:	MERIODE DE CONCOURS DA MAINA MA MANIMENTA PARA SPACINES CONCOURS CONCOURS DA MANIMENTA PARA PARA PARA PARA PARA DE CONCOURS DE CONCOURS DA MANIMENTA PARA PARA PARA PARA PARA PARA PARA PA	000000000000000 учения (у техня под 1500 000000000000000000000000000000000					
Address:	ASSECTIVA NATIONAL PARTY.						
PART 4. OTHER SOURCES	Andrew Printer & National Conference of the Conf						
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of	this form. Do not include	gifts. If none, check the box.					
None	1975 (1874) kilikulusus suomaanika mammaa kasan (1877–1875) ki 1875 (1875) kasa salkiina kasa oo kasa salkiis s	Policy in the honor protection of the contract of the contra					
Name and Address of Source		Kind of Income (investments, leases, etc.)					
Name: UNDA VALENTINO Address: POBOX 1049, SACO		Control of the Contro					
Address: PO BOX 1049, SACO	is in the second	on properties					
Name:	ili a ma ma ma	Towned					
Address:	12 to 12 At 14 At 15						
PART 5. REPORTABLE L							
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.	you received during the r If none, check the box	eporting period, and list the major					
None	«Фонквари» на принципання в принципання в принципання в принца принципання в принципання в принципання в принц В принципання в принципання	төөрөөт төбөрөөт тоо илстий на байнан на					
Name and Address of Creditor		Principal Type of Economic					
Name:		Activity of Creditor					
Address: NSNC	A CASA						
Name:		**************************************					
Address:							
PART 6. REPORTABLE	EGIFTS						
List the specific source of each gift of more than \$300. Include gifts with an a none, check the box	aggregate value of more t	than \$300 from a single source. If					
None	egementelijk zijnjan kal ziman zinajah sakanelijah kalija ziphysyszi # 2 zakana a mamanamana mamana saka						
Name of Source of Gift 1. 4 (4)	/ Name of S	ource of Gift					
1. Women In Government-organizza 30/	Cutance	Microsoft deserge appropriate control and accompanies of the c					
4. /							

PART 7. REPOR	TABLE HO	ONOR	ARIA		10 10 10 10 10 10 10 10 10 10 10 10 10 1
List the source of any honoraria accepted for appearances or spec	eches relate	ed to yo	our offi	cial duties. If none, check the box.	***************************************
None	CONTRACTORISTS, ANGUARDA ANGUARA ANGUAS, ANSTRACA	·			Auto-12 inches constitution
Name of Source of Honoraria			Na	ame of Source of Honoraria	
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2.	4.			месь» «построного при	eegenmen tu thinkingge
PART 8. REPRESENTATIO	N BEFOR	E ST/	YTE A	GENCIES	
List each executive branch agency before which you represented the box.	d or assisted	d other	s for o	compensation of any amount. If none, ch	neck
None	98886 m. m. m. m. p. p. p. m. m. m. m. m. m. m. m. m. p.		CHOCOSONIA SINIA NESSEA		***************************************
Name of Agency				Name of Agency	
1. Noul	3.				
2.	4.				
PART 9. BUSINESS I	WITH STA	TE A	GENC	ÍES	
List each executive branch agency to which you or a member of y \$1,000 during the reporting period. If none, check the box.	our immedia	ate fan	nily sol	ld goods or services with a value in exces	s of
None	derline and a common of the legislation of the legi	acousto acoustos consciones con	enemono en estados esta		***************************************
Name of Agency				Name of Agency	
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2.	4.				
PART 10. INCOME RECEIVED BY	/ MEMBER	RS OF	IMMI	EDIATE FAMILY	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represent "D" for income received by dependents.	come of \$1,	000 or	more	received by your spouse or dependent of	child e or
Type of Economic Activity Representing Source of Income Reco	eived	Circ approp	riate	Kind of Income	
1. Sale of tradicate sod grown		(S)	D	Siles prome	Aller Aller
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4.		S	D		CONTRACTOR STREET
SIGN	IATURE				
A Legislator who willfully fails to file a required statement is s (1 M.R.S.A. § 1017-A)	subject to a	a fine	of \$10) per business day until the report is f	filed.
The intentional filing of a false statement is a Class E crime.	If the Com	missio	n cond	cludes that it appears that a Legislator	has
willfully filed a false statement, it shall refer its findings of fact to		-		smont or hop willfully file to feller of the	
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, and (1 M.R.S.A. § 1019)	st on every	ques	tion a	nd shall be precluded from voting on	anv
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Date

Signature

NAME:	DATE:										
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ADDITIONAL INFORMATION											
Please provide any additional information you are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part	or section	number	for the
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