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)

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 calen	dar year 2008.
	LEGISLATOR INFORMATION	
Name David A. Van Wie		Member of: ☑ House ☐ Senate
Mailing address	Problem (Professional Annual A	District /05
292 Town Farm Rd City, zip code New Glovcester	ME 04260	Phone 257-272-2482
PART 1, INCOM	DERIVED FROM EMPLOYMENT	BY ANOTHER
List the name and address of each employ principal type of economic activity of each er	er from whom you received compe pployer.	ensation of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
MACTEC Engineering + Consulting, Inc	571 Congress Street Portlanda ME 04112	
•		
\$200 PM (100 P	OME DERIVED FROM SELF-EMPI Legislators who are self-employed.	
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	iness, if any, and list the major are	eas of economic activity from which you
Name and Address of Business Entity	Major Areas of Economic (self)	Major Areas of Economic Activity Activity (partnership, association or similar business entity)
Name: NONE	;	THE PROPERTY OF THE PROPERTY O
Name: Address:		BERTINES AND THE STATE OF THE S
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	PART 2 (contin	rued). INCOME DEF (For Legislators who	RIVED FROM SEL	F-EMPLOYMEN		
is greater, an disclosure is	source of income derived from so d specify the principal type of el prohibited by law, rule, or an es person from whom the income w	self-employment that re conomic activity of the e tablished code of profe	presents more than	whom you derived	such income. If this form of	
	Name and	Activ	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: Address:	NONE					
Name: Address:				Miller Contraction Contraction of Association and Association of Contraction of C	att kan milan milan til störförförförförrar för i sa usassa ötta med av mer för grand usatilisesta kulosum vi	
		PART 3. MAJOR AR (For Legislators who are	and the state of t	and the second of the contract of any second of the second		
List your majo	or areas of practice. If associate					
	Name and Address a	Section (Study Communications of Assessment	Sales to the second contract of the second co	reas of Practice (self)	Major Areas of Practice (firm)	
Name: Address:	· ·		ouzonosta of still die some en		A TANGAR AND	
Name: Address:	/				THE COLOR STREET, COLOR STREET	
Control Contro		ART 4. OTHER SO	UPGES OF INCOM			
List each soul	rce of income of \$1,000 or more				If none, check the box	
None	trong statement and the second statement of the second statement and the second statement and second statement	and the state of t	1999 Christ and Anthropological State (State	reministration of the second	minore, check the box.	
	Name and	Address of Source		inneren elementera en entretario en esta en esta elemente en elemente en elemente en elemente en elemente en e Elemente elementera en elemente elem	Kind of Income	
Name;					vestments, leases, etc.)	
Address:						
Name:				\$ 1.00 miles		
Address:						
List the name	s of creditors for any <u>unsecure</u>	PART 5. REPORTA loans of \$3,000 or mo	ore that you received	during the reporting	ng period, and list the major	
None	omic activity of each creditor. D	o not list loans from a r	elative. If none, ched	ck the box	additional file where the artists and artists are to the additional country. While the here are a restrict to all conditional country and a file where the artists are a file and the a	
V	Name and a	Address of Creditor		Pri	ncipal Type of Economic	
Name:					Activity of Creditor	
Address:	28/11/05/08/AMARIA		ECOST ESBENISMON ANNO ANNO ANNO ANNO ANNO ANNO ANNO A			
Name:						
Address:					·····	
light the second		PART 6. REPOR	emmentary to DEA in the company to DEA in the company of the compa			
none, check tr	ic source of each gift of more the box	an \$300. Include gifts v	with an aggregate va	lue of more than \$3	300 from a single source. If	
None		and the control of th	dinging kangnang kandinikan pada atau 1880 ka kandang kangnan kananana atau na sa	e e a bart 🌉 e a ca a a ann ba the an dhead e ghe a bhadh an baranna.	etin 🏽 minimin (1871) est est est et elle elle elle elle elle	
1.	Name of Source of Gift		3 .	Name of Source	of Gift	
2.			**************************************	Statistical del de la company de la comp	**************************************	

PART 7 REPORT	ABLE HONORARIA
List the source of any honoraria accepted for appearances or speed	
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATION	BEFORE STATE AGENCIES
	or assisted others for compensation of any amount. If none, check
X None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS W	ITH STATE AGENCIES
	ur immediate family sold goods or services with a value in excess of
None	
Name of Agency	Name of Agency
1.	3.
2.	
PART 10. INCOME RECEIVED BY I	MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 or more received by your spouse or dependent child. Do not include gifts. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Receive	Circle ved appropriate Kind of Income letter
1. Marketing Director for Accounting From	(S) D Salary
1. Marketing Director for Accounting Firm 2. Camp counselor -NON-Profit	S D Howly WAGE.
3.	S D
4.	S D
SIGNA	TURE
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	Diect to a line 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

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 to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

Signature

Date

NAME:	DATE:										anen di nipiki izanen eta errezen eza errezen eza errezen eza errezen eza		
ADDRESS:	and the second	ON ANTENNA CHARLES THE CHARLES AND THE CHARLES	AND THE PROPERTY OF THE PARTY O		magaraman de Angaba d	Yetotaten/matemenat/een	THE CONTROL OF THE CO	**************************************	PATESTANTAL PA	TATABLE OT THE STANDING MANAGEMENT AND THE STANDING MANAGE	O Biological Commence of the C	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS	64M-erit 1980-belleren i zeun aus al.
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the	part o	rsection	number	for the
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