Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179

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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.

	LEGISLA	TOR INFORMATION		
Name Jacoph A Mailing address 26 Day 6	Wag Bond	Y.C.	Member of: District	□ Senate
City, zip code	NE.	04002-6086	Phone 499-0	104
PART 1, INC	DME DERIVE	FROM EMPLOYMENT BY A	NOTHER	
List the name and address of each em principal type of economic activity of eac	ployer from wi h employer.	hom you received compensation	on of \$1,000 or m	ore. Specify the
Name of Employer		Address		pe of Economic of Employer
Cotherine Madey High School		Stevens Avenue Yand, ME 04103	Educat.	ikan panikan kampakan mengali mengali mengali di kampanya. B
Moine State Lesislature	Stote	e House Station ust, ME 04333	Governm	rent
		re-marinarionicalistica	2004-000465 Shell-belyev-in-en-on-en-gay-general conductations and published page.	n essential e e e e e e e e e e e e e e e e e e e
		IVED FROM SELF-EMPLOYMI s who are self-employed.)	ENT	
A. List the name and address of your derived income. If associated with a pa areas of economic activity of that entity.	business, if ar rtnership, firm,	ny, and list the major areas of professional association, or sit	economic activity nilar business ent	from which you ity, list the major
Name and Address of Business Er	ility	Major Areas of Economic Activit (self)	y A (partnership, a	as of Economic ctivity ssociation or similar ess entity)
Name: Address:				and the state of t
Name:		**************************************	CORRECTION OF THE PROPERTY OF	empre ander man monotice those entropic conductions of desirable access engraves assume an ang

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLO's are self-employed.)	YMENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		Street water through the same was a support to the same and the same a
Name:		-
Address:		
(For Legislators who ar	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	ne major areas of practice of you Major Areas of Pra	Territoria principali de la compresenza de la comprese del la comprese de la comprese del la comprese de la comprese del la comprese de la comprese del la compr
Name and Address of Firm	(self)	(firm)
Name:	er-volataan i kel	
Address:		1000-baharan para menganggang menenggangan kananggan baharan baharan para para panggang menganggan baharan baharan baharan panggan baharan bah
Name:	er en	· interpretation
Address:		
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME	e gifts. If none check the hov
□ None	e, or other control of the control o	- gnto. Il none, check the box.
Name and Address of Source		Kind of Income (Investments, leases, etc.)
Name: Educational Testing Services Address: Proceeding NJ	· ·	4 /
Address: Provoetor, NJ		STIPERA
Name:	200 Di Ali	•
Address:		
PART 5. REPORT	And the second	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box	reporting period, and list the major
None	ng kataut fore para ana anama a manahan yang ng pagay 15 200 150 250 250 250 250 250 250 250 250 250 2	and the state of t
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	AND	
Address:		
Name:		
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box		than \$300 from a single source. If
☐ None	**************************************	- A CONTROL OF THE PROPERTY OF
Name of Source of Gift 1.	Name of S	Source of Gift
2.	4.	***************************************

PART 7. REPORTABLE HONORARIA									
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.									
None									
Name of Source of Honoraria			Ńa	ame of Source of Honoraria					
1.	3.		Seedla de Meder						
2.	4.	SASSASS in gade interessions, importung	H-M-APPENNING (SIMILIS)	TO PRESENCE AND A SECULAR SECURATION SECURITARISTS.					
PART 8. REPRESENTATION	BEFO	RE ST	ATE A	AGENCIES					
List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.									
☐ None									
Name of Agency		Name of Agency							
1.	3.	disirate es communicación de la communicación de la communicación de la communicación de la communicación de l	Dillinko osado od osado os						
2.	4.								
PART 9. BUSINESS W	ITH ST	ATE A	GENC	CIES					
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.									
□ None									
Name of Agency Name of Agency									
1.	3.	rosenera son	-						
2.	4.	-							
PART 10. INCOME RECEIVED BY	MEMBE	RS OF	IMM	EDIATE FAMILY					
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.									
Type of Economic Activity Representing Source of Income Recei	de Vriate	Kind of Income							
Type of Tallian Charles		appror lett		rano oi monte					
1. Herkhera Invise]		(S)	D	Employment					
2.	und medical districts	S	D	0 /					
3.		S	D						
4.		S	D						
SIGNA	TURE								
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)									
The intentional filing of a false etatement is a Oleve F	45 - 0								

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. (1 M.R.S.A. § 1019)

Signature

NAME:	DATE:												
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ADDITIONAL INFORMATION													
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