

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.

	EGISLATOR INFORMATION		
Name		Member of:	
THOMAS R. WATSON		☐ House ☐ Senate	
Mailing address Po Rox 710		District	
		6 2	
City, zip code BATH, ME 04530	Phone (201) 442-7493		
PART 1. INCOME I	DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer principal type of economic activity of each emp	from whom you received compensation loyer.	of \$1,000 or more. Specify the	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
STATE of MAINE	2 STATE HOUSE STATION AVENSTAME	RUNSCNTATIVE	
		**************************************	
000 000 000 000 000 000 000 000 000 00	MBIDIOSIANIS MARKA A BANKINI MITORIO EL EL MARKINI RECENTACIONES EL MARTINI DE LA COLONIA DE LA COLO	м. обобого ст. стоя обобого на менения на применения по применения по применения по применения по по по по по п Применения применения по	
	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	<b>T</b>	
A. List the name and address of your busing derived income. If associated with a partners areas of economic activity of that entity.	ess, if any, and list the major areas of ed	conomic activity from which you ar business entity, list the major	
	Major Areas of Economic Activity	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name and Address of Business Entity	(self)		
Name and Address of Business Entity  Name: 776MS R. WATION, PA  Name: Po Box 710 Byr4, M2 045	ATTORNIY	(partnership, association or similar	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYI o are self-employed.)	ĀENT		
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 grentity or person from whom you de	rived such income. If this form of		
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: MULTIPUL L'EGGL CLIENTS! Address:	*Inash ve Produktova (*)	REPRESENTATION  # (18641)		
Name: Address:				
	REAS OF PRACTICE e attorneys-at-law only.)			
List your major areas of practice. If associated with a law firm, list t	ne major areas of practice of your fi	rm.		
Name and Address of Firm	Major Areas of Practi (self)	ce Major Areas of Practice (firm)		
Name: THOMAS R. WATSON, PA Address: PO BOX 710 BART, ME 04530	Pasovai Nove	Y pasonal inoury		
Name:	SPECIAL CONTROL CONTRO	The second section of the second seco		
Address:	ac autocol hamilia is i	Service Control of the Control of th		
PART 4. OTHER SO	DURCES OF INCOME			
List each source of income of \$1,000 or more not listed in Parts 1, 2		rifts. If none, check the box.		
☐ None	u.ida	тоборительного мененичник и мененично на продости и сторо в съдово в съдово по простоя на простоя в совет в со Сторот в сторот в ст		
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name:	***************************************			
Address:				
Name:		ment in the state of the state		
Address:				
PART 5. REPORT  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	ABLE LIABILITIES  ore that you received during the re relative. If none, check the box	porting period, and list the major		
None	KEERANINAN AMININAN PERIORI SEESTA SEESTA SEESTA SEESTA SEESTA SEESTA SEESTA SEESTA ANIMANINAN PARIORISEN SEESTA	CONTROL DE LIGITA MANTA INTERNATION PROPRIES PROPRISSON CONTROL CONTRO		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:				
Address:	10.00 A 20.00 A			
Name:		AND TO THE RESERVE OF		
Address:				
PART 6. REPO				
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more th	an \$300 from a single source. If		
None				
Name of Source of Gift  1.	Name of So 3.	urce of Giff		
2.	4,			

	Commence of the Commence of th		November 1980		
PART 7. REPOR	Actor to the Control of the Control				
List the source of any honoraria accepted for appearances or spe	ecnes rela	ted to y	our of	icial duties. If none, check the box.	
☐ None  Name of Source of Honoraria			·	ame of Source of Honoraria	
1.	3.			ane of source of notionalia	
· · · · · · · · · · · · · · · · · · ·	J.	***************************************	***************************************		
2.	4.			· · ·	
PART 8. REPRESENTATION					
List each executive branch agency before which you represente the box.	ed or assist	ed othe	ers for	compensation of any amount. If none, check	
None	enement of the state of the sta		····cananico cassico con cu		
Name of Agency				Name of Agency	
1. WORKERS' COMPUSATION BOARD	3.				
2.	4.	and a committee of the	Mariana Canada Canada		
PART 9. BUSINESS	WITH ST	ATE A	GEN	DIES	
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immed	diate fa	mily sc	old goods or services with a value in excess of	
□ None	Philippoint (1990)	ner Primere establishe e silis	investament communication		
Name of Agency	voem (Court NACE Asia)		IA SKAADSKAAL	Name of Agency	
1. ~/A	3.	3.			
2.	4.				
PART 10. INCOME RECEIVED B	Y MEMBE	RS O	FIMM	EDIATE FAMILY	
List the type of economic activity representing each source of in (ren) during the reporting period and the kind of income represen "D" for income received by dependents.	come of \$	1.000 o	r more	received by your spouse or dependent child	
Type of Economic Activity Representing Source of Income Received		Circle appropriate Kind of Income letter		Kind of Income	
1.	11. harman 11. h. arman 11. mm, 12. 11. f. 2	S	D		
2. J/A		S	D	THE PROPERTY OF THE STATE OF TH	
3.		S	D	And the second s	
4.	TO PROPERTY ASSESSMENT AND	S	D	A CONTROL OF THE PROPERTY OF T	
SIGI	NATURE				
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)		a fine	of \$1	0 per business day until the report is filed.	
The intentional filing of a false statement is a Class E crime. willfully filed a false statement, it shall refer its findings of fact to	If the Con	nmissio	on con	cludes that it appears that a Legislator has	
If the Commission determines that a Legislator has willfully faile	ed to file a	reauire	ed state	ement or has willfully filed a false statement	
the Legislator shall be presumed to have a conflict of interequestion in committee or in either branch of the Legislature, (1 M.R.S.A. § 1019)	st on ever	v que:	stion a	and shall be precluded from voting on any	
Hats			 (	2/17/09	
				1 / - 1	

Date

Signature

NAME:		DATE:					
ADDRESS:	and a second and the	1964 Монтов он Голика англия и пинент сот 1961 (1974) (1964) — Андина она пинентов основного почет со почет с	он хорон 44 дос обосноствення операвительного до 1,6 до часте для невы почения подавительную поступера	. Модел Информация по в открыти в предоставления по предоставления по предоставления по предоставления по предоставления	TO MATERIAL PROPERTY OF THE PR		
			INFORMATION				
Please provide any information you are p	additional information providing.	below (and on addition	al sheets if needed).	Indicate the part or se	ction number for the		
Part/Section Number					Tigan kangan		
15.1 Association (Control of Control of Cont							
-							
THE COLOR AND ADDRESS OF THE ADDRESS							
		•					
				•			
· Value of the second of the s					,		
manda association de la constitución de la constitu							
Miles corporation of the Control of							
ACTION NOTICE AND ASSAULT ASSA			•				
				•			
XXXX TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
socialisticade destructivo de servicio de la compansión d							
MACOVICE WIFE CONTROL OF THE PROPERTY OF THE P							
ne ny ke indakahanii sy ke indakahanii		·					
REPRENDENTAL Consulties							
. Visible extraoranteedistic			·				
NEWSON-MAINTANNAMENT							
				•			
ACT ACT MACE COMPANIES DO SOCIAL.					•		
ocologica e consimento de la serie							
Mideral Linde Colorida Colorid							
nú sú muldardinnasva.							
versite en sooder ekseksiver (							

L

+1