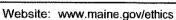
Office: 242 State Street, Augusta, Maine



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.

LEGIS	SLATOR INFORMATION				
Name DAVIO WEBSTER		Member of:	☐ Senate		
Mailing address Po Box 124	where the second	District 106	nau (Sal Sanuaran da sa maran da da maran da da sa		
Name DAULO WEBSTER Mailing address PO BOX 124 City, zip code Freepont ME	Phone 207-865-4311(1) 207-615-1018(
	VED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employer from principal type of economic activity of each employer	whom you received compensation	of \$1,000 or m	ore. Specify the		
Name of Employer	Address		pe of Economic of Employer		
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(For Legisla	ERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)				
A. List the name and address of your business, i derived income. If associated with a partnership, fi areas of economic activity of that entity.	t any, and list the major areas of ed irm, professional association, or simil	conomic activity ar business ent	from which you ity, list the major		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Δ (partnership, a	as of Economic activity ssociation or similar less entity)		
Name: WEBSTER SERVICES	CARperty, painting	Sul-	employee		
Address: POBOX 178 So Freeport 040	<i>₩</i>	15	eget 1		

PART 2 (continued). INCOME			YMENT	
B. List each source of income derived from self-employment the is greater, and specify the principal type of economic activity of disclosure is prohibited by law, rule, or an established code of the entity or person from whom the income was derived.	of the entity or ner	nore than 10% of your	derived s orincipal t	such income. If this form of type of economic activity of
Name and Address of Source			Activit	ncipal Type of Economic ity of Entity or Person Who he Source of the Income
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Address: See previous (Mart 2, A.	The state of the s	S S S S S S S S S S S S S S S S S S S	
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Address:				
	who are attorneys-at	it-law only.)		
List your major areas of practice. If associated with a law firm,	The state of the s	eas of practice of your	Secretary resources and the contract of the co	
. Name and Address of Firm		Major Areas of Prac (self)	atice	Major Areas of Practice (firm)
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Address:	\$		Charles and Charle	· ·
PART 4. OTHER			The second secon	
List each source of income of \$1,000 or more not listed in Parts	s 1, 2, or 3 of this	form. Do not include	gifts. If	none, check the box.
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Name:	-	17.77	MAAAAA	3
Address:				
PART 5. REPO	mark the state of	Control of the Contro		
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Name:	AND THE PROPERTY OF THE PROPER	50MAANS6800+++++++++++++++++++++++++++++++++++	International Control of the Control	***************************************
Address:	_			
	EPORTABLE G			
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illfully filed a false statement, it shall refer its findings of fact to the Attorney General.	The intentional filing of a false statement is a Cla	ass E crime. If the C	ommissi	on con	cludes that it appears that a Legislator h			

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

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