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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.

Please check if this is an update to a previously filed statement for the calendar year 2008.						
LEGISLATOR INFORMATION						
Name Loan W Wilsh		Member of: House Senate				
Mailing address 54 Sea St		District 46				
City, zip code Rockport 04876	-	236.6554				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
man enter and described and de						
	eread de Militaria e van en					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)						
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.						
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address:						
Name: Address:						

PART 2 (continued). INCOME DE (For Legislators wh	ERIVED FROM SELF-EMPLO ho are self-employed.)	DYMENT
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 prof the entity or person from whom the income was derived.	represents more than 10% of you	u derived 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:	And September September 1990 (1990) (1990) (1990) (1990) (1990)	Professional and the second se
Address:		CONTRACTOR OF THE CONTRACTOR O
Name:	**************************************	And the state of t
Address:		A A A A A A A A A A A A A A A A A A A
	REAS OF PRACTICE are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		ur firm.
Name and Address of Firm	Major Areas of Pra (self)	NATIONAL DESCRIPTION OF THE PARTY OF THE PAR
Name:	(ENVINCEMENT) CALL	Alexander of the state of the s
Address:		THE PROPERTY CONTROL C
Name:	in melanos solata.	
Address:	Notice that the second	
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME 2 or 3 of this form. Do not include	to the state of the box
None	2, OF 3 OF THIS FORM. DO HOUR HOUSE	le gifts. If none, creck the DOX.
Name and Address of Source Name: Robert Lampe of Sea of Pock, Name: Haely Harriel Stacey Moore Soz May	jort xwell Boalder ED	Kind of Income (investments, leases, etc.)
Name: Fi delity Investments, P.O. Box 14 Address: New England Life Insurance Co, 165 Moines 1A	5429 Cineinatti UTI	Neasion Trust annuity
	TABLE LIABILITIES	
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	relative. If none, check the box.	reporting period, and list the major
Name and Address of Creditor	Managama and a second a second and a second	Principal Type of Economic Activity of Creditor
Name:		Activity of preditor
Address:		
Name:	**************************************	
Address:	•	
PART 6. REPC	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		e than \$300 from a single source. If
☐ None		AMERICA SECULARIZATION CONTRACTOR
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	$\textbf{4.44} \\ \textbf{4.45} \\ 4.$

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PART 7. REPORTABLE HON List the source of any honoraria accepted for appearances or speeches related to None Name of Source of Honoraria 1. 3. 2. 4. PART 8. REPRESENTATION BEFORE S. List each executive branch agency before which you represented or assisted of the box. Name of Agency 1. 3. Agency 1. 4.	STATE thers fo	Official duties. If none, check the box. Name of Source of Honoraria AGENCIES			
Name of Source of Honoraria 1. 3. 2. 4. PART 8. REPRESENTATION BEFORE S List each executive branch agency before which you represented or assisted of the box. Name of Agency 1. 3.	STATE thers fo	AGENCIES r compensation of any amount. If none, check			
1. 3. 2. 4. PART 8. REPRESENTATION BEFORE S List each executive branch agency before which you represented or assisted of the box. None Name of Agency 1. 3.	STATE thers fo	AGENCIES r compensation of any amount. If none, check			
PART 8. REPRESENTATION BEFORE: List each executive branch agency before which you represented or assisted of the box. None Name of Agency 1. 3.	thers fo	r compensation of any amount. If none, check			
PART 8. REPRESENTATION BEFORE S List each executive branch agency before which you represented or assisted of the box. None Name of Agency 1	thers fo	r compensation of any amount. If none, check			
List each executive branch agency before which you represented or assisted of the box. Name of Agency 3.	thers fo	r compensation of any amount. If none, check			
Name of Agency 1. 3.					
Name of Agency 1. 3.	ACEN	Name of Agency			
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2. 4.	ACEN	MANAN CANAN AND AND AND AND AND AND AND AND AND			
	AGEN	4.			
PART 9. BUSINESS WITH STATE	3-1-1.	ICIES			
List each executive branch agency to which you or a member of your immediate \$1,000 during the reporting period. If none, check the box.	family	sold goods or services with a value in excess of			
None	**************************************	Монконтон формону («Монконтон бор» («Монконтон» «Монконтон» «Монконтон» («Монконтон» «Монконтон» «Монконтон» («Монконтон» «Монконтон» («Монконтон» «Монконтон» («Монконтон» «Монконтон» («Монконтон» «Монконтон» («Монконтон» («Мо			
Name of Agency		Name of Agency			
1. 3.					
2. 4.	4.				
PART 10. INCOME RECEIVED BY MEMBERS	OF IMI	MEDIATE FAMILY			
List the type of economic activity representing each source of income of \$1,000 (ren) during the reporting period and the kind of income represented. Do not inc "D" for income received by dependents.	or moi	re received by your spouse or dependent child ts. Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Received app	Circle propriate letter	Kind of Income			
1. S	D				
2. S	D				
3. S	D	The second secon			
4. S	D				
SIGNATURE					
A Legislator who willfully fails to file a required statement is subject to a fir (1 M.R.S.A. § 1017-A)	ne 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 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

au 75, 09 Date

NAME:	DATE:				
ADDRESS:	основного по в предоставля по поставля		Service Control of Con		
	ADDITIONAL INF				
Please provide any additional information information you are providing.	below (and on additional s	sheets if needed). Indicate the p	part or section number for the		
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