Office: 242 State Street, Augusta, Maine



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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								
Namehomas J. Wagh	Member of:  House District	☐ Senate						
City, zip code Borwick ME	995.00000000004544644444444444444444444444	Phone 698-	5326					
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			e of Economic Employer				
Witham A Berry a Son Inc. 99 Da	Conifer Hill nvers, MA	Dr. 61923	const	vetion				
Allen Interior Systems. Inc. 1724	East Industriq Thester. NIt	l Park Dr 03/09	Constru	tion.				
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 Econom (self)	iic Activity	Major Areas of Economic Activity (partnership, association or similar business entity)					
Name: Address:		Committee of the Commit		a a sa a				
Name: Address:	See		TOTALISM (III E SIGNAL AND	1 mail (18 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)								
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 profe the entity or person from whom the income was derived.	epresents more than 10% entity or person from who	om you derived nly the principal	such income. If this form of type of economic activity of					
Name and Address of Source		Activ	ncipal Type of Economic ity of Entity or Person Who he Source of the Income					
Name:			PO 1865 VII and the contract of the contract o					
Address:								
Name:								
Address:								
	REAS OF PRACTICE e attorneys-at-law only.)							
List your major areas of practice. If associated with a law firm, list the		of your firm.						
Name and Address of Firm		s of Practice elf)	Major Areas of Practice (firm)					
Name:	<b>X</b>	<b>41</b> /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Address:	rice Hellichen wer							
Name:			у менения менения менения по то по постополого и по польшения менения менения менения обще выполого выполого и По то					
Address:								
	URCES OF INCOME							
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not	t include gifts. I	f none, check the box.					
None		ne en esta en						
Name and Address of Source		(in	Kind of Income vestments, leases, etc.)					
Name:		1535(dedect 11) H						
Address:		**************************************						
Name:	The second second will be a second se	F						
Address:	e e e e e e e e e e e e e e e e e e e							
	ABLE 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	ore that you received dur relative. If none, check th	ing the reportin ne box	g period, and list the major					
None	995550000000000000000446100004-0-099-9999999999707000000000000000	overses commenses en eller som men en e	00000000000000000000000000000000000000					
Name and Address of Creditor		Þrir	ncipal Type of Economic Activity of Creditor					
Name:			and the second s					
Address:	777.000.000.000.000.000.000.000.000.000							
Name:								
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 than \$3	00 from a single source. If					
None								
Name of Source of Gift  1.	N <sub>ε</sub>	ame of Source o	of Gift					
2.	4.	overamente et ameste un de ameste ant august por portuge accessoration de accessoration de la constantina del constantina de la constantina del constantina de la constantina de la constantina de la constantina	**************************************					

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PÅRT 7. REPORT			
List the source of any honoraria accepted for appearances or speed	ches related to	our of	ficial duties. If none, check the box.
None	adalahan da	entiment entered his his first	
Name of Source of Honoraria		N	lame of Source of Honoraria
1.	3.	*************************	WWW. Commission of the commiss
2.	4.		
PART 8. REPRESENTATION			
List each executive branch agency before which you represented the box.	or assisted other	ers for	compensation of any amount. If none, che
☐ None			
Name of Agency			Name of Agency
1.	3.		
2.	4.	endemonde demonstratifica	
PART 9. BUSINESS W	ITH STATE A	GEN	GIES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immediate fa	mily so	old goods or services with a value in excess
None		Cautain markening and an arrandor	th Child St. Hall Child Have recovered the company of the child St. Hall St. Hall child who have been desired the child St. Hall st. Hall child st. Hall chi
Name of Agency	Security of the security of th		Name of Agency
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			EDIATES AVIIIA
PART 10. INCOME RECEIVED BY I	MEMBERS O	FIMM	ILDIM I C FAMIL I
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 c	r more	received by your spouse or dependent ch
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented	me of \$1,000 cd. Do not include Circuit	r more	received by your spouse or dependent ch
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 cd. Do not include Circuit	or more de gifts cle priate	e received by your spouse or dependent ches. Circle "S" for income received by spouse
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.	ome of \$1,000 cd. Do not include Circle appropriate telegraphic contents of the contents of th	or more de gifts cle priate ter	e received by your spouse or dependent ches. Circle "S" for income received by spouse
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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.  Type of Economic Activity Representing Source of Income Recei  1. Education 2. January Canadactivity 3.	wed sport let S S S	or more de gifts cle priate ter D	e received by your spouse or dependent ches. Circle "S" for income received by spouse
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.  Type of Economic Activity Representing Source of Income Recei  1. Education 2. Journay Conductor 3.  4. SIGNA  A Legislator who willfully fails to file a required statement is sur	wed standard of \$1,000 cd. Do not include suppression of \$1,000 cd. Do not include suppression of \$1,000 cd. Suppression o	cle priate ter D	received by your spouse or dependent change in a circle "S" for income received by spouse  Kind of Income  Employment  Employment  Employment
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.  Type of Economic Activity Representing Source of Income Recei  1. Education 2. Journary Conductor 3.  4.  SIGNA  A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If	wed standard of \$1,000 cd. Do not include suppression of \$1,000 cd. Do not inc	or more de gifts cle priate ter D D D of \$1	Erreceived by your spouse or dependent of a Circle "S" for income received by spouse  Kind of Income  Employment  Employment  O per business day until the report is fill
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.  Type of Economic Activity Representing Source of Income Recei  1. Education 2. Training Conductor 3.  4.  SIGNA  A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	wed standard of \$1,000 cd. Do not include standard standa	or more de gifts cle priate ter D D D D of \$1 on corneral.	Enployment  Simple Signature  Kind of Income  Kind of Income  Kind of Income  Kind of Income  Chapleyment  Signature  O per business day until the report is fill includes that it appears that a Legislator Includes that it appears that a false statement or has willfully filed a false statement or has will false statement or has w
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.  Type of Economic Activity Representing Source of Income Recei  1. Education 2. Journey Concurred 3.  4.  SIGNA  A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, and	wed standard of \$1,000 cd. Do not include standard standa	or more de gifts cle priate ter D D D D of \$1 on corneral.	Enployment  Simple Signature  Kind of Income  Kind of Income  Kind of Income  Kind of Income  Chapleyment  Signature  O per business day until the report is fill includes that it appears that a Legislator Includes that it appears that a false statement or has willfully filed a false statement or has will false statement or has w

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ADDITIONAL INFORMATION											
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