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 pre	eviously filed statement for the calendar year	2008.	
	LEGISLATOR INFORMATION		
Name  JUStin Alfund  Mailing address  134 Sheridan Street  City, zip code		Member of:  ☐ House	
		District 8	
Portland, ME 04101		Phone 828-0277	
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employ principal type of economic activity of each en	rer from whom you received compensation of apployer.	of \$1,000 or more. Specify the	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
League of Independent Voters	45 MAIN STREET, WITE 628 Brooklyn, NY 11201	501c3 organizing	
20 miles (10 miles 10	Соломическую посторов Соломическую в муноров за востото посторов на почений посторов на почений по	MEMOLOGIA PROPERTY PROPERTY AND	
	Bankler	30C30L4884.64+1747.95(C)CIC ESSINIAA-14-42-7 (ABC-LEBBE - + + + + + + + + + + + + + + + + + +	
	OME DERIVED FROM SELF-EMPLOYMEN	T.	
A. List the name and address of your busi derived income. If associated with a partner areas of economic activity of that entity.	Legislators who are self-employed.) iness, if any, and list the major areas of ecrship, firm, professional association, or similar	onomic activity from which you ar business entity, list the major	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Áreas of Economic Activity (partnership, association or similar business entity)	
Name: BAYSIDÉ MAINE LLC Address: 477 CONSTUS STRUCT, Suite 1012	Person ME oyis!	There we have a state of the same was greatly as \$ 1 miles which is a surface of the same was a state	
Name: Address:	**************************************	MCC CERTIFICATION CONTINUES AND	

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLO o 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 you entity or person from whom you	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 the model property.
Address: Name:		The state of the s
Address:		
	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list t	re attorneys-at-law only.) he major areas of practice of you	rfim
Name and Address of Firm	Major Areas of Pra (self)	######################################
Name:		
Address:		
Name: Address:	en di ni mana da casa	Addition of the second of the
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not includ	e gifts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: JKR LLC	en e	Shore of Partnership
Address: C/o Dexter Enterprise, 2 Manument square, porte	and me o4101	Income
Name: BNY Mellon Wealth Mondement	•	Investment
Address: 201 Mayhington Street, Doston MA 0210		
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	ore that you received during the	reporting period, and list the major
None	talana a talana ang atau ang	and the second of the second o
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
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 \$300 from a single source. If
☐ None	4-12-12-12-12-12-12-12-12-12-12-12-12-12-	
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	сен в кумпиния (курстой применя на

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NAME: Justin Alfond DATE: 2/8/09 ADDRESS: 134 Sheridan Strut Portland ME 04101 ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Part/Section Number 500 ROSS St., Suite 650 Interest 3. Mellon Trust of New England PAY+ 4 Pittsbuga, PA 15262-001 Clo A. Uzzo ! Company 4. Porchage Investing LLS Shore of 287 Bowman Avenue Porpheship Income Purchase, NY 10577 5. Ellen Loving Trust A. 4220 Trustee Invistments 287 Bowman Aven FBO Justin Alford Purchase, NY 10577 6-XXX Shiradan S 134 Strephaster/5/1/2 PHANDIME /SHIP 6. PLM B, LLC 1 Monegan Sun Bld.#116 Shore of Uncasville, CT 06382 Partners, Income 149 Alwife Brook Arkway 7. Shack Foods of Sharesof Combidge, MA 02/90 American LLC Partnership Income f. Sherida Strut, LLC Clo of DEXKY EsteraisE Sharco of 2 Monument Square

9. Dexter Entagelle, Inc

2 Monument Square Portian, ME 04101

Porgrand, ME 04101

hustment Commission Keloge

Partnership

hunk

List the source of any honoraria accepted for appearances or speeches	s related to	vour offic	ial duties. If none, check the box.
None	The control of the co	in all the second of the secon	
Name of Source of Honoraria		Nar	ne of Source of Honoraria
1. The Transport of the School		**************************************	
2. 4	turk demogrammen	: 4991.06-10-4	99. disempress (s. c. 1993 de des de mentres 1996 de debito - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
PART 8. REPRESENTATION B		Section of the Control of the Contro	
List each executive branch agency before which you represented or a the box.	assisted oth	ers for co	impensation of any amount. If none, check
None			**************************************
Name of Agency			Name of Agency
1	·	······································	
2	·	·	. ,
PART 9. BUSINESS WITH		A second	
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.	mmediate fa	mily sold	goods or services with a value in excess of
None			reason enterprise di constituire de et allians s'asses in Louise en de especialiste di Constitue en et un especialiste de especialiste de la constituire della constituire del
Name of Agency	A Committee of the Comm		Name of Agency
1. 3.	·		
2. 4.		7995:20	Cuteras A Particular Control Control And Annual Particular Control Con
	· · · · · · · · · · · · · · · · · · ·	:	
PART 10. INCOME RECEIVED BY ME			
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. ["D" for income received by dependents.	of \$1,000 c Do not inclu	or more rede gifts.	eceived by your engues of dependent shill
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented.	of \$1,000 c Do not includ Cit appro	or more re	eceived by your engues of dependent shill
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. ["D" for income received by dependents.	of \$1,000 c Do not includ Cit appro	or more rede gifts.	eceived by your spouse or dependent child Circle "S" for income received by spouse or
List the type of economic activity representing each source of income (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 Received	of \$1,000 c Do not include Cli appro let	or more rede gifts.	eceived by your spouse or dependent child Circle "S" for income received by spouse or
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. In the composition of the	of \$1,000 c Do not inclui Cii appro let S	or more rede gifts.	eceived by your spouse or dependent child Circle "S" for income received by spouse or
List the type of economic activity representing each source of income (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 Received  1.	of \$1,000 c Do not include appro- let S	cle priate ter	eceived by your spouse or dependent child Circle "S" for income received by spouse or
List the type of economic activity representing each source of income (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 Received  1.  2.	of \$1,000 c Do not include appropriate S S S	or more rede gifts.  cle priate ter  D  D	eceived by your spouse or dependent child Circle "S" for income received by spouse or
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. If "D" for income received by dependents.  Type of Economic Activity Representing Source of Income Received 1.  2.  3.  4.  SIGNATU  A Legislator who willfully fails to file a required statement is subject to the subject to th	of \$1,000 c Do not include Cli appro- let S S S	cle priate ter  D  D  D	eceived by your spouse or dependent child Circle "S" for income received by spouse or Kind of Income
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. If "D" for income received by dependents.  Type of Economic Activity Representing Source of Income Received 1.  2.  3.  4.  SIGNATU  A Legislator who willfully fails to file a required statement is subject.	of \$1,000 c Do not include S S S S RE Ct to a fine	or more rede gifts.  cle priate ter  D  D  of \$10 p	eceived by your spouse or dependent child Circle "S" for income received by spouse or Kind of Income  Compared to the compared
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. In "D" for income received by dependents.  Type of Economic Activity Representing Source of Income Received 1.  2.  3.  4.  SIGNATU  A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the	S S S RE  Commission C	or more rede gifts.  cle priate ter  D  D  of \$10 p  on concluneral.	ceeived by your spouse or dependent child Circle "S" for income received by spouse or Kind of Income  Kind of Income  Deer business day until the report is filed.  Judes that it appears that a Legislator has the procluded from voting on any statement, a shall be procluded from voting on any statement.

Date

Signature