



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 1AINE ETHICS COMMISSION

## 2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

5 2009

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.

	I ECICI	ATOR INFORMATION		The second section of the second section secti			
	LEGIDA	ATOR INFORMATION	The second secon				
Name LAWRENCE BLIS	دور ماني دور ماني		Member of:				
LAURENCE DE 15	>5		☐ House	Senate			
Mailing address	2		District				
Mailing address  504 COTTAGE K  City, zip code  SOUTH PORTLAND,	040			98508503588833485sscenacentggp;000000000000000458883485aaaaa			
City, zip code	Phone						
SOITH PORTLAND,	799.82	<u> 29                                    </u>					
PART 1. INCOI	ME DERIVE	D FROM EMPLOYMENT BY ANO	THER				
List the name and address of each emplo	oyer from w	whom you received compensation	of \$1,000 or mor	e. Specify the			
principal type of economic activity of each e	employer.			s# □			
Name of Employer		Address		e of Economic Employer			
UNIVERSITY OF MAINE SYSTEM	90 UNI	U. OF SOUTHERN MAINE OX 9300 AND, MAINE OYIO4.930	HIGHER EDUCATION				
SISIEM	POLTC	OX 1300 AND MAINE 04104.930	0				
			<ul> <li>Reference of the control of the contro</li></ul>				
	MINISTER STEINE LIGHTHANAMAN AND COMMISSION CONTESS		e-2003/00000128686464-8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
	Total van produceda		-	•			
		RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)	T				
A. List the name and address of your buderived income. If associated with a partn	siness, if a	any, and list the major areas of eq	onomic activity f ar business entity	rom which you			
areas of economic activity of that entity.							
Name and Address of Business Entity		Major Areas of Economic Activity	化氯化物 医动脉炎 化化二氯甲基苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	of Economic			
Hame and Address of Dusiliess Entity	<b>Y</b>	(self)	Activity (partnership, association or similar business entity)				
мате:	tinataki di nahammanina mendapai najambah timba	tiparen en et tratation de tratain de en en descriptions de la completa de la completa de la completa de la co La completa de la co					
Address:		-	· ·				
COCCMENTED AND ACCUSED AND ACC	entente es estatulos constituidos de menero en estatulo de la constituida de la cons			namanananananan orazza (Taliaharan mananan merinya menenanan merinya menenanan merinya menenanan menenanan men			
Name:			A Market Collins				
Address:		P. Committee of the com	3				

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SE o are self-employed.)	LF-EMPLOYMEN	
B. List each source of income derived from self-employment that ro 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.	entity or person fro	m whom you derived cify only the principal	such income. If this form of I type of economic activity of
Name and Address of Source		Activ	rincipal Type of Economic vity of Entity or Person Who the Source of the Income
Name:		A CALL OF THE CALL	
Address:		ali vanov vev	
Name:	TT CONTROL CON	DETERMINATION OF THE PROPERTY	\$\$\tag{\text{2}}\$
Address:		Container	
PART 3. MAJOR A	A CONTRACTOR OF THE PROPERTY O	and the property of the second	
(For Legislators who as List your major areas of practice. If associated with a law firm, list t			
Name and Address of Firm	COSC at Commence and an annual conference and an additional conference and an additional conference and an additional conference and an additional conference and additional c	Areas of Practice	Major Areas of Practice
		(self)	(firm)
Name:	Cannot Andréa de		
Address:	Alainin maa ka a ka maa ka		
Name:			
Address:		· · · · · · · · · · · · · · · · · · ·	
PART 4. OTHER SO	A particular of the second of	a yang kanggarang kanggan kanggang mga manang mga mga katang mga katang mga katang mga katang mga mga mga mga Mga mga kang mga mga mga mga kang mga mga mga mga mga mga mga mga mga mg	
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form.	Do not include gifts.	If none, check the box.
None			
Name and Address of Source		ıi)	Kind of Income nyestments, leases, etc.)
Name:		100 A	
Address; 18 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19		· · · · · · · · · · · · · · · · · · ·	
Name:		**************************************	
Address:		de list in the list is the lis	
PÅRT 5. REPORT	ABLE LIABILITII	ES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you receiv	ed during the reporting	ng period, and list the major
None	OCCURRENCE LOCALISME de lo recenso de la	titation oli valta oli valta kantala valta kantala kantala kantala kantala kantala kantala kantala kantala kan	00000000000000000000000000000000000000
Name and Address of Creditor		Pr	incipal Type of Economic Activity of Creditor
Name:		THE STATE OF THE S	
Address:		## 65.2000000000	
Name:	00000000000000000000000000000000000000	######################################	00000000000000000000000000000000000000
Address:		WE AMALERANA	
PART 6. REPO	RTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts none, check the box		value of more than \$	300 from a single source. If
None	**************************************	The second secon	-
Name of Source of Giff 1.	3.	Name of Source	of Gift
2.	4.	ummy-control and control and c	PPT/SPT-TOT/SPTBS/STT-ET/SPX/ACEA/CARS/ACAAS/ACAACAACAACAACAACAACAACAACAACAACAACAACA

PART 7. REPORTA	ABLE H	ONO	RARIA	
List the source of any honoraria accepted for appearances or speed	hes relat	ed to	our off	icial duties. If none, check the box.
None				
Name of Source of Honoraria	4		N	ame of Source of Honoraria
1.	3.			
2.	4.		nar - 130 unusub soqueneg	res y magnetic constitutive de la magnetic description. Les constitution de la constitution de la despression de la magnetic de la constitution de la constitucion de la constitution de la constitucion de la constitucion de
PART 8. REPRESENTATION	BEFOR	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented of the box.	or assiste	ed oth	ers for	compensation of any amount. If none, check
None				
Name of Agency				Name of Agency
1.	3.			• .
2.	4.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	от не при
PART 9. BUSINESS W	ITH STA	NTE A	GENO	DIES
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 immed	iate fa	mily so	ld goods or services with a value in excess of
None		.153.6	en de Alleite (et al. Alleite	
Name of Agency				Name of Agency
1.	3.			1
2.	4.	CARREN STEWART CONTROL	e-revisires/scotticade.daudou	**************************************
PART 10. INCOME RECEIVED BY N	MEMBE	RS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each source of incor (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 child
Type of Economic Activity Representing Source of Income Receiv	ved	appro	cle priate ter	Kind of Income
1.		S	D	
2.		S	D.	1933 (1944 ж.) и на ванији нада пред 1971 (1944
3.		s	D	менения и выполняющим общений выполнений вы
4.	A PERSONAL PROPERTY OF THE PRO	S	D	
	5			
SIGNA	404 (v.) (v.) (10.) (10.) (10.)			
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	bject to a	a fine	of \$10	per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the	the Com	missio	on cond	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to		-		ement or has willfully filed a false statement,

Signature 2.3.09Date

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)

NAME:				DATE:								
ADDRESS:	TO THE THE RESIDENCE OF THE PROPERTY OF THE PR	Announce of the second	interested a post of the second se	erice <del>minimum thick</del> ees in 1777 on 1878 (1874)	kenti anna manunungan penjalandikan penjanan pengagan penjan	AMERICAN (** 1-2742) (** 1-2744) (** 1-2744) (** 1-2744) (** 1-2744) (** 1-2744) (** 1-2744) (** 1-2744) (** 1-2744)	terakennousesmosteres samplessopensyenyyenvonenye	<del>M</del> OOVENIE <mark>MO</mark> ONIEELVENIEMOVEELU	n de de <mark>en en e</mark>	Marie Paris (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935) (1935)	<b>SEPTE</b>	MACA PROPERTY OF STREET AND STREET ASSESSMENT ASSESSMEN
				ADDI	TIONAL IN	FORMA	TION					2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part or	section	number	for the
Part/Section Number	A second											
	VE FERNAN KE BENNYA DALAMPA										-	
	eki markena alaki kondala		•									
	KANADINA KANDINA KANDI											
	nandokomingo de											
	Printer and a state of the stat											
	NORTHWOOD AMORPH AND											
	NO NICHARANA NA PRANTINA NA NICANA											
										à		
•	AND THE PROPERTY AND TH	•										
									·	ı		
	-						·					
							•					
		•									•	
-												
POLY IN MICH. TO A COLOR												
No operation of the state of th												
WARRAN AND AND AND AND AND AND AND AND AND A		***										