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Fax: 207-287-6775

## 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 previou	usly filed statement for the calendar year	2008									
□ Please check if this is an update to a previously filed statement for the calendar year 2008.  LEGISLATOR INFORMATION											
Name Peter B. Bowman	Member of: ☐ House										
Mailing address 16 Old Ferry Ln		District									
City, zip code Kittery, ME 0390	Phone 207.439.6481										
PART 1. INCOME DI	ERIVED FROM EMPLOYMENT BY AND	THER									
List the name and address of each employer f principal type of economic activity of each emplo	from whom you received compensation over.	of \$1,000 or more. Specify the									
Name of Employer	Principal Type of Economic Activity of Employer										
None-NA											
	• В вы-менере от от ответите возвителения распоставления в выполнения в выполне	The second control of									
	E DERIVED FROM SELF-EMPLOYMEN gislators who are self-employed.)	İT									
A. List the name and address of your busines derived income. If associated with a partnershi areas of economic activity of that entity.	ss, if any, and list the major areas of ed	conomic activity from which you ar business entity, list the major									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)									
Name:, None-N.A.											
Name: Address:											

PART 2 (continued). INCOME D	DERIVED FROM SELF-EMPLOYMENT
(For Legislators w  B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of th	who are self-employed.) It represents more than 10% of your gross income or \$1,000, whicheve the entity or person from whom you derived such income. If this form o rofessional ethics, specify only the principal type of economic activity o
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address: NONE - N.A.	
Name: Address:	DANANTYN Westertein
(For Legislators who	AREAS OF PRACTICE pare attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list  Name and Address of Firm	st the major areas of practice of your firm.  Major Areas of Practice Major Areas of Practice
	(self) (firm)
Name: None - N. A. Address:	100624An-18414901931200004an-1841490193004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-1841490004an-18
Name: Address:	CETA VICTORIA A PARA PARA PARA PARA PARA PARA PARA
	SOURCES 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 include gifts. If none, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: See attached sheet Address:	
Name: Address:	
	RTABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list loans from a	more that you received during the reporting period, and list the major
None  Name and Address of Creditor	Principal Type of Economic
Name: None - N.A.	Activity of Creditor
Name: Address:	
PART 6. REP	ORTABLE GIFTS
List the specific source of each gift of more than \$300. Include gift none, check the box	fts with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift  1.	Name of Source of Gift  3.
2.	4.

PART 7. REPORTA	ÁBLE HC	NOF	RARIA				
List the source of any honoraria accepted for appearances or speech	hes related	d to y	our off	icial duties. If none, check the box.			
None							
Name of Source of Honoraria	patamananananananananana		N	ame of Source of Honoraria			
1.	3.	00000000000000000000000000000000000000	oblement of the second of the	**************************************			
2.	4.		- <u>- </u>				
PART 8. REPRESENTATION							
List each executive branch agency before which you represented on the box.	ir assisted	othe	rs for o	compensation of any amount. If none, check			
None	Militaria	V0001023V1001019020V	SSSAMmonomonom				
Name of Agency				Name of Agency			
1.	3.						
2	4.						
PART 9. BUSINESS WI	Maria Carlo		ggarge minitia.				
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	ır immedia	ite far	nily so	ld goods or services with a value in excess of			
None	Vancousered to a gradual policy of the digraph of the gradual policy of the gradual poli	**COMMESSAGE AND ADDRESS OF THE PERSON NAMED IN COMMESSAGE AND ADDRESS OF THE PERSON NAMED IN COMESSAGE AND ADDRESS OF THE PERSON NAMED IN COMMESSAGE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE P	Mattel Assessment any Stage Spirit	This developed the control of the co			
Name of Agency		ing in in its in		Name of Agency			
1.	3.	***************************************					
2.	4.						
PART 10. INCOME RECEIVED BY M	<b>JEMBER</b>	s of	- IMM	EDIATE FAMILY			
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.	ne of \$1,0	)00 oi includ	r more le gifts.	received by your spouse or dependent child . Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Received	/ed /	Circ approp lett	priate	Kind of Income			
1. Mone-N.A.	<u> </u>	S	D				
2.	-490 terminarian anno anno anno anno anno anno anno a	s	D				
3.	068/66/dassassassassassassassassassassassassass	S	D	The second secon			
4.		s	D				
SIGNAT	TURE						
A Legislator who willfully fails to file a required statement is sub	niect to a	fine	of \$10	) per husiness day until the report is filed			
(1 M.R.S.A. § 1017-A)	<b>4000 15</b> 5	1	<b>υ. φ.</b>	, por buomoco day anar are report to mou.			
The intentional filing of a false statement is a Class E crime. If the	the Comn	nissic	n con	cludes 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)

Date

NAME:	DATE:											a dicharacter de descripción y compressión a adequa	
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ADDITIONAL INFORMATION													
Please provide information you	any additio	nal g	information	below	(and or	n additional	sheets if	needed).	Indicate	the part	or section	n number	for the
Part/Section Number													
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