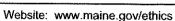


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Phone: 207-287-4179 Fax: 207-287-6775



## 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 previously file	ed statement for the calendar year	2008.					
LEGISLATOR INFORMATION							
Name		Member of:					
Marillan Address of State American Control of State Control	This Same	☐ House					
Mailing address  ACO1CON	257	District					
City, zíp code	4/03	Phone 772-6042					
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY AND	OTHER					
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					
Shalenkouse Inc 10	etland GAIOZ	Adult Hental Hoth					
	รับการทางการที่ และสันเมติสันการท่างการที่สามารถของเกี่ยวการการการการที่สามารถของการสื่อในการการการการการการก	ni of transition and the form of the transition of the second and transition of the second and t					
THE	en e						
	RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)						
A. List the name and address of your business, if a derived income. If associated with a partnership, firm areas of economic activity of that entity.	ny, and list the major areas of ea, professional association, or simil	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: Address:							
Name: Address:		A STATE OF THE STA					

PART 2 (continued). IN	COME DERIVED FRO	OM SELF-EMPLOYMI	ENT
B. List each source of income derived from self-employ is greater, and specify the principal type of economic addisclosure is prohibited by law, rule, or an established the entity or person from whom the income was derived	ment that represents mo ctivity of the entity or per- code of professional ethic	ore than 10% of your gro	red such income. If this form of
Name and Address o	of Source	A	Principal Type of Economic activity of Entity or Person Who is the Source of the Income
Name: Address:		WHY WOOD SHEET VIEW	
Name:	MARAMONE ON PROPERTY (ISSEE) (ISSEE) (ISSEE) AND		
	MAJOR AREAS OF P		
(For Legis List your major areas of practice. If associated with a la	stators who are attorneys-at		
	iw iirii, iist me major are	as of practice of your firm Major Areas of Practice	random antigram a tras de la companya del la companya de la compan
Name and Address of Firm		(self)	(firm)
Name:	HAMPAYAS HIUMPAYAS		V V V V V V V V V V V V V V V V V V V
Address:	in a construction of the c		· Villa socialistica de la companya
Name:	999 970 000 000 000 000 000 000 000 000		от не при выполня на при не при не -
Address:	Weller are 117		
PART 4. (	OTHER SOURCES OF	FINCOME	
List each source of income of \$1,000 or more not listed	And the second s	the state of the s	s. If none, check the box.
None	Монтонно се ставо на 1972 г. и 1865 г. МАМ тако и постоя на постоя на постоя на 1975 г. у доставаний пост	tta vilanders om 4004000 in 1971 (1980) en 1900 och som en	tin di 1999 telebit (1805-160) di Amerika Alemanda persimban 3 persimba (1804 di Amerika) and distribute distribute (1804 di 1804 di 1
Name and Address o	f Source		Kind of Income (investments, leases, etc.)
Name:		esti seimää see	
Address:		in Management As As As	·
Name:		2000 Annual Control of	
Address:		Same in Latin (2)	
PART 5.	REPORTABLE LIAP	NETTES .	
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list to	\$3,000 or more that you pans from a relative. If no	received during the repo one, check the box	orting period, and list the major
None			######################################
Name and Address of	Creditor		Principal Type of Economic Activity of Creditor
Name: ·		**************************************	
Address:		AND	
Name:	**************************************	4	
Address:			
PART	6. REPORTABLE G	IFTS	
List the specific source of each gift of more than \$300. I none, check the box	nclude gifts with an aggr	egate value of more thar	n \$300 from a single source. If
None	The second second control of the second cont		
Name of Source of Gift		Name of Sour	ce of Gift
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2.	4.	типововори выполнение на нежение не пред того посидательной на нежение не нежение не нежение не посида на неже Нежение на нежение неж	**************************************

PART 7. REPORT.	ABLE HONORARIA
List the source of any honoraria accepted for appearances or speed	hes related to your official duties. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
	3.
2.	4.
PART 8. REPRESENTATION	BEFORE STATE AGENCIES
List each executive branch agency before which you represented the box	or assisted others for compensation of any amount. If none, check
□ None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS W	ITH STATE AGENCIES
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 family sold goods or services with a value in excess of
None	
Name of Agency	Name of Agency
1.	3.
2.	4,
PART 10. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of incorporation (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 or more received by your spouse or dependent child. Do not include gifts. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	Circle ved appropriate Kind of Income letter
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2.	s D
3.	S D
4.	S D
SIGNA	TURE
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	bject to 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 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

Date

NAME:	DATE:								-			
ADDRESS:		Менантария по	The Control of the Co	enemente en		AND COMMENT AND PROPERTY OF THE PROPERTY OF TH	Подативного принципанти подативного подативного подативного подативного подативного подативного подативного под	The second secon	en e	MANAGON PROGRAMA PONTO PROCESSES AND	<del>validad ja kalenda kale</del> jilan errendek di Ke	relevenseming programme species and
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below (	(and on a	additional	sheets if	needed).	Indicate	the part	or section	number f	or the
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