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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	viously filed statement for the calendar year	2008.							
	LEGISLATOR INFORMATION								
Name Bruce Bryan	Member of: ☐ House Senate								
Mailing address P.O. Box 643	District 1 Y								
City, zip code Div fall M	Phone 207 562-8872								
PART 1, INCOME	E DERIVED 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							
New page	Rymbord	Paper							
State of maine	Augustz	governent							
·									
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	II							
 A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity. 	iness, if any, and list the major areas of e rship, firm, professional association, or simi	conomic activity from which you lar 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:	1//	··· dangarangaranan							
Name: Address:	V / N	The state of the s							
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PART 2 (continued). II	NCOME DERIVED FROM SELF-EMPLO Legislators who are self-employed.)	DYMENT
B. List each source of income derived from self-emplor is greater, and specify the principal type of economic disclosure is prohibited by law, rule, or an established the entity or person from whom the income was derive	activity of the entity or person from whom you code of professional ethics, specify only the	derived such income. If this form of
Name and Address	s of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		Palk Cold was
Address:		and a substantial substantial substantial and a substantial substa
Name:		
Address:	V	
	MAJOR AREAS OF PRACTICE gislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a		and and the production of the control of the contro
Name and Address of Firm	Major Areas of Pr	actice Major Areas of Practice (firm)
Name:	A Company	o o o o o o o o o o o o o o o o o o o
Address:	A Continue of the Continue of	As of the second
Name:	WEDDING.	менен жене жене жене жене жене жене жене
Address:		Tables 4
	OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed	d in Parts 1, 2, or 3 of this form. Do not include	de gifts. If none, check the box.
☐ None		
Name and Address	of Source	Kind of Income (investments, leases, etc.)
Name;	$\Lambda \cap \Lambda$	
Address:		
Name:		
Address:		
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list	5. REPORTABLE LIABILITIES of \$3,000 or more that you received during the loans from a relative. If none, check the box	e reporting period, and list the major
None		979 000 000 000 000 000 000 000 000 000
Name and Address o	of Creditor	Principal Type of Economic Activity of Creditor
Name:	A/1	Activity of Creditor
Address:	[\ \	M
Name:		er i de state de la companya del la companya de la
Address:		
PAR	RT 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. none, check the box	Include gifts with an aggregate value of mor	e than \$300 from a single source. If
None	. // \	neramanyanyayay interioloksiisiisisiisiisiisiisiisiisiisiisiisiis
Name of Source of Giff		Source of Gift
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List the source of any honoraria accepted for appearar	ices or s	peeches re	lated to y	our offic	ial duties. If none, check the box.			
None			NOON TO THE STATE OF THE STATE	nanisahanipahanipahan				
Name of Source of Honoraria	1	W		Nar	me of Source of Honoraria			
1.	\mathbb{N}	3.						
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PART 8. REPRES	ENTAT	ION BEF	ORE ST	ATE A	GENÇIES			
List each executive branch agency before which you the box.	represen	ted or assi	sted othe	ers for co	ompensation of any amount. If none, check			
None :		1	Anni anni anni anni					
Name of Agency	.				Name of Agency			
1.	N	1 197						
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PART 9. BL				Sagara New York Control				
List each executive branch agency to which you or a m \$1,000 during the reporting period. If none, check the	oox.	or your imm	eciate 1a	mily soic	goods or services with a value in excess of			
☐ None			ı					
Name of Agency Name of Agency								
1.	3() ()							
2.	·	4.						
PART 10. INCOME REC	EIVED	ВҮ МЕМЕ	BERS O	FIMME	DIATE FAMILY			
List the type of economic activity representing each so (ren) during the reporting period and the kind of income "D" for income received by dependents.	ource of e represe	income of ented. Do	\$1,000 c not includ	or more r de gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of I	ncome R	eceived	Cír appro let	priate	Kind of Income			
1.	(1818) (1818) (1818) (1818)		S	D				
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2.	AL		S	D				
3.	1	1 4	s	D				
4.			S	D				
	SIC	GNATURI						
A Legislator who willfully fails to file a required state (1 M.R.S.A. § 1017-A)	ement i	s subject	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 C	ommissi	on conc	ludes that it appears that a Legislator has			
willfully filed a false statement, it shall refer its finding			•					
If the Commission determines that a Legislator has we the Legislator shall be presumed to have a conflict question in committee or in either branch of the Legislator (1 M.R.S.A. § 10/19)	t of inte	rest on ev	ery que	stion an	d shall be precluded from voting on any			
La de la dela de				//	18/19			
Signature	·····	_			l Date			

NAME:	- Nov. (2012)	SECTION CONTRACTOR AND CONTRACTOR AND CONTRACTOR AND CONTRACTOR AND CONTRACTOR AND CONTRACTOR AND CONTRACTOR A	WATER	No. V v došimno o o o o o o o o o o o o o o o o o o	PCCB (2) eCilibido haitement historilamene e e e e e e e e e e e e e e e e e e	renette (riitziet eri teriteri eri ilizaren bebera	DATE:	**************************************	ART MEDICAL CONTROL OF CONTROL	er en		na ngangga i Selada na dan na ngang pilangga ka
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ADDITIONAL INFORMATION												
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