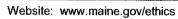
Office: 242 State Street, Augusta, Maine



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 filed statement for the calendar year 2008. LEGISLATOR INFORMATION									
Name JONAHHAW TE COVERN: Mailing address 31 BITCHWOO Cana City, zip code SPZINGVALE, ME CO PART 1. INCOME DERIN List the name and address of each employer from									
principal type of economic activity of each employer. Name of Employer	Principal Type of Economic								
Marine Senate	Ayslo, ME	Activity of Employer Maine Sentele							
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major									
areas of economic activity of that entity. Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)							
Name: Courtney Cleaners Address: 203 Maglewood fre Portsmooth M	J Dey-Cleaners	PArtneship/Some							
Name: Courtney Holdings TRUST Address: 1298 MAIN St. Smilespille	J DRy-Cleaners Resolutionals	Partnership/Spme Partnership/Spme							

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)							
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 profe the entity or person from whom the income was derived.	entity or person from whom you de-	rived such income. If this form of ncipal type of economic activity of					
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income					
Name:	- I converse to						
Address:	## ## ## ## ## ## ## ## ## ## ## ## ##	ne (1999) (kg (1998) (kg (1995) (kg (1998) (
Name:	HERMANAS						
Address:	N						
	REAS OF PRACTICE e attorneys-at-law only.)						
List your major areas of practice. If associated with a law firm, list to	he major areas of practice of your fi						
Name and Address of Firm	Major Areas of Practi (self)	ce Major Areas of Practice (firm)					
Name:							
Address:		-					
Name:		TOCOCOCIO SICO ACA CALLETANÍ, LI MINIMA ANA ANA ANTINO PROPERTO POR CALLETANO CONTROLO CONTROLO CALLA					
Address:							
PART 4. OTHER SO	The state of the s						
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include g	lifts. If none, check the box.					
None	n garaga ayan karan kara	TO CONTROL AND					
Name and Address of Source		Kind of Income (investments, leases, etc.)					
Name: Address:	ARCATION						
	MANAGAMA ANG MANAG						
Name: Address:	a re- an Annance Can						
PART 5. REPORT	ADICIIADILITIES						
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 re	porting period, and list the major					
None		99444999999999999999999999999999999999					
Name and Address of Creditor		Principal Type of Economic Activity of Creditor					
Name:	THE PROPERTY OF THE PROPERTY O						
Address:							
Name:	Andrew or desired						
Address:							
PART 6. REPO	And the second s						
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more th	an \$300 from a single source. If					
Name of Source of Gift	and the second s	ooloofilaa kakkii kadaminin oonoo oo kariin kalee karaan ka ka ja ka kiisa ka aanaanaa ka ka ka ka ka ka ka ka					
1.	Name of So	urce of Gift					
2.	4.	00000000000 has seen een een een een een een een een e					

PART 7. REPORT	ABLE H	ONO	RARIA				
List the source of any honoraria accepted for appearances or speed	ches relat	ed to y	our off	icial duties. If none, check the box.			
☑ None		rhammer i heiming hiji (he	**************				
Name of Source of Honoraria			N	ame of Source of Honoraria			
T.	3.	995298-98000-1888855-120C	: /990.300002000032456eroneng				
2.	4.						
PART 8. REPRESENTATION	N BEFOR	RE ST	ATE A	AGENCIES			
List each executive branch agency before which you represented the box.	or assiste	ed othe	ers for	compensation of any amount. If none, check			
None	***************************************		**************************************				
Name of Agency				Name of Agency			
1.	3.						
2.	4.						
PART 9. BUSINESS W		grana ngan-angalasis					
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	our immed	liate fa	mily so	ld goods or services with a value in excess of			
None		Al Philosophy and the Control of the	Principles and Transcourses				
Name of Agency		a construction		Name of Agency			
1.	3.						
2.	4.	TOCOMENTATION AS THE STATE OF T					
PART 10. INCOME RECEIVED BY	MEMBE	RS O	FIMM	EDIATE FAMILY			
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1 d. Do no	,000 c t 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 Recei	ived	Circle appropriate letter		Kind of Income			
1.	Per Partition de la Company	S	D				
2.	V. V. 1000	S	D	Terminant representation of the control of the cont			
3.	\$10 to the total t	S	D	The second secon			
4.	and a second and a	S	D	The second secon			
SIGNA	ATURE						
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to	a fine	of \$1(oper business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Com	nmissio	on con	cludes that it appears that a Legislator has			

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:	STEAN THE STATE OF ST	DATE:											
ADDRESS:	NO ATTEMPTS CONTROL OF CONTROL AND CONTROL OF CONTROL O	AND	melliteratura est esta esta esta esta esta esta esta	Same and the same a	Therefore to The College of Proper Supplementary	Petition and the Petition of t	enikaan kalainen erinkeren eta		STREET T-POST II I I I I I I I I I I I I I I I I I		MAN-eArticeNewscansasserscenaries	MARTIE ZAAA ORGANIA AAA ORGANIA AAA AAA AAA AAA AAAA AAAA AAAA AAA	MARKET ST. Service and Conference an
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the													
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