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JAN 2 3 2009

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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MAINEETHICS COMMISSION

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 pr	eviously filed stat	ement for the calendar yea	ar 2008.				
	LEGISLATOR	INFORMATION					
Name Maygaret Gar Mailing address 41 Russell St	Jew		Member of: ☐ House ☐ Senate District				
City, zip code Coeviston, Mi	<i>fO</i>	Phone 7 8 3 - 1 8 9 7					
PART 1. INCOM	IE DERIVED FRO	OM EMPLOYMENT BY AN	IOTHER				
List the name and address of each emplo principal type of economic activity of each e	yer from whom y mployer.	ou received compensatio	n of \$1,000 or mo	re. Specify the			
Name of Employer	Principal Type of Economic Activity of Employer						
John F. Murphy Homes, Inc.	800 Cent. aubum	er SX 04210		100 frofit Ruio Ageno			
		************************************		Andrew Control of the			
		м-котом от этом объекты на применения в применения в применения в применения в применения в применения в приме		999-99000000000000004499################			
	a property of the first and the first of the contract of the contract of the first	FROM SELF-EMPLOYME are self-employed.)	NT				
A. List the name and address of your bust derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, an ership, firm, profe	d list the major areas of sssional association, or sin	economic activity nilar business entit	from which you y, list the major			
Name and Address of Business Entity		or Areas of Economic Activity (self)	/ Ac (partnership, as	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name: Address:	- constant action in the later			rational is the confidence of the first contrast property to confidence in the confidence of the confi			
Name: Address:		10/20/20/20/20/20/20/20/20/20/20/20/20/20	and a constructed (in the Constitute and any opposition (in the Constitute and America and				
	<u> </u>						

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLO	YMENT			
	o are self-employed.) epresents more than 10% of your entity or person from whom you	gross income or \$1,000, whichever derived such income. If this form of principal 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:		er verkritten in die verkritten in verkritten in verkritten verkritten verkritten verkritten verkritten in der			
Address:	VOINNEN KARISTANA KARISTANA KARISTANA KARISTANA KARISTANA KARISTANA KARISTANA KARISTANA KARISTANI KARISTAN				
Name: Address:					
PART 3. MAJOR A	REAS OF PRACTICE				
List your major areas of practice. If associated with a law firm, list t	re attorneys-at-law only.) he major areas of practice of you	r firm.			
Name and Address of Firm	Major Areas of Pra (self)	SO COMO COMO CONTRACTOR DE CON			
Name: Address:					
Name:		••••потенностато запра предприятельного предприятельного почений предприятельного почений предприятельного предприятельного почений предприятельного предприят			
Address:					
	DURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1, 2 None	2, Or 3 Or this form. Do not include	e girts. If none, check the box.			
Annual parameter and the second of the secon		Kind of Income			
Name and Address of Source		(investments, leases, etc.)			
Name: Social Security admi	in	Locial Securit			
Address:	**************************************				
Name:					
Address:		:			
List the names of creditors for any unsecured loans of \$3,000 or m	TABLE LIABILITIES	reporting period, and list the major			
areas of economic activity of each creditor. Do not list loans from a None	relative. If none, check the box	вистопення на на на него не не пред при принут на пред при			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name:					
Address:					
Name:					
Address:					
PART 6. REPC List the specific source of each gift of more than \$300. Include gifts none, check the box	PRTABLE GIFTS with an aggregate value of more	than \$300 from a single source. If			
None	·	** Y COLOR DE LOS ESTA LISTE DA MARIA A MARIA A MARIA A CONTRACTOR DE CONTRACTOR DE MARIA A CONTRACTOR DE CONTRACT			
Name of Source of Gift 1.	Name of 3.	Source of Gift			
2.	4	те с тексоро-сильного проседения выполнения министрумири и применения проседения выполнения совержания в принаменения в принам			

PART 7. REPORT	ABLE HONORARIA
List the source of any honoraria accepted for appearances or spee	ches related to your official duties. If none, check the box.
None	W First Annual Control of the Contro
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATION	I 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 yo \$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 inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	me of \$1,000 or more received by your spouse or dependent child d. Do not include gifts. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Rece	Circle ved appropriate Kind of Income letter
1. Social Security	(S) D SS, 65+ eamed
2. Pencion	(S) D SS, 65 + earned (S) D 92 faccion
3.	S D
4.	S D
SIGNA	TURE
A Legislator who willfully fails to file a required statement is su (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 willfully filed a false statement, it shall refer its findings of fact to the	the Commission concludes that it appears that a Legislator has ne 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)

Margaut Crewler Signature

1-2V-0+ Date

NAME:	DATE:												
ADDRESS:	official of the second	TO THE RESIDENCE OF THE STATE O	ingger (i stage en	recommence de la la la commence de l	Medicalization communication and biological communication and the second	**************************************	ti talah dan distalah dan distalah dikemberangan penganyan yang 1902.	errania-manara (Manara) errania (Manara) (Manara)		on eperature pontant.	oostaanin kalifaa oo o	***************************************	We Call his deal of the company of purposition of his file lines.
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the pa	art or	section	number	for the
Part/Section Number	9900000												
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