

del, ewen

FER 5 2009

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

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

AAINEETHICSCOMMISSION 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 p	reviously file	ed statement for the calendar year 2	008.			
LEGISLATOR INFORMATION						
Name DAMOD Dennis S Mailing address 256 Oak Point Rog City, zip code		Member of: House District 28 Phone 207 467	Senate			
1 reuton O460	S ME DERIVE	D FROM EMPLOYMENT BY ANOT		-8647		
List the name and address of each emplo principal type of economic activity of each e	oyer from w employer.	rhom you received compensation o	of \$1,000 or more	e. Specify the		
Name of Employer	Address		Principal Type Activity of	Emploses		
Lindsay Holdings LLC	Wachovia Bank, N.A. Coporate PO Box 3099 Winston-Salem NC 27150-6729		Trust/Ho Company	/ding		
State of Maine	3 State House Station Augusta, ME 04333		Governme (legislah)	•		
The state of the s	Constantion (Section 1991)	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)				
A. List the name and address of your buderived income. If associated with a partrareas of economic activity of that entity.	usiness, if a nership, firm	nny, and list the major areas of economy, professional association, or similal	onomic activity for ar business entity	rom which you , list the major		
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas Acti (partnership, assi busines	vity		
Name: G. C. Property Management Address: 252 Ock Pt. Rol., Trouber, UE offer		Property Management	sole propi	rietoglup		
Name:		· validade similari de la companio della companio d	A CALLAND AND A CALLAND A CALLAND AND A CALLAND A			

PART 2 (continued). INCOME DE	ERIVED FROM SELF-EMPLOY	YMENT	
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prothe entity or person from whom the income was derived.	represents more than 10% of your	derived such income. If this form of	
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income Trust Holding County		
Name: Lindsay Holdings LLC Address: PO Box 3099, Winston-Jalem, NC 2			
Name: Address:	interes in the contract of the	·	
	REAS OF PRACTICE ire attorneys-at-law only.)		
List your major areas of practice. If associated with a law firm, list		· firm.	
Name and Address of Firm	Major Areas of Pra (self)	iki Ameriya terminin mata katang paga kang pagai kanang kang mang manananan ang paga dang pang pang manang pa	
Name: Address:	Thronton and all all all all all all all all all al	The state of the s	
Name:	MONTH CONTRACTOR CONTR		
Address:	A Company of the Comp	*	
PART 4. OTHER St. List each source of income of \$1,000 or more not listed in Parts 1,	OURCES OF INCOME 2 or 3 of this form. Do not include	a gifts. If name check the how	
None	2, Or O of this form. Do not included	g gmo. Il rone, dieck the box.	
Name and Address of Source		Kind of Income (investments, leases, etc.)	
Name: Address:	A COMPANIAN AND A COMPANIAN AN		
Name:			
Address:	A A A A A A A A A A A A A A A A A A A		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	TABLE LIABILITIES nore that you received during the	reporting period, and list the major	
None	riciative. II noise, check the box.	renventer chercises del 2023 MAI vierre vivene as preniente de rección del concordo con control de la control de l	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor		
Name:			
Address:			
Name: Address:			
	DRTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts none, check the box		than \$300 from a single source. If	
None			
Name of Source of Gift 1. Naucy M.G. Pyne	Name of S 3.	Source of Gift	
2.	4.	eautamentaajapapaninjater/ZETSSSSEEuroholomenteenmentykytetytyystäytetsistässäsiskoikonkaatavateenteenteenteen T	

PART 7. REPORTA	ABLE HON	ORA	RIA	
List the source of any honoraria accepted for appearances or speec		0.0000000000000000000000000000000000000	2010000	The state of the s
None None	a dia mandri	C 1880886 - L 1880 L		
Name of Source of Honoraria			Na	ame of Source of Honoraria
1.	3.			
4.				
PART 8. REPRESENTATION	BEFORE	STAT	ΕA	GENCIES
List each executive branch agency before which you represented of the box.	or assisted o	thers	for o	compensation of any amount. If none, check
∑ None	EUROCOORAT: TOOROCOROCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOC			
Name of Agency				Name of Agency
1.	3.			
2.	4.			
PART 9. BUSINESS W	ITH STATE	AGI	ENC	EIES
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	famil	y so	ld goods or services with a value in excess o
*A None	eciscoccamonomonomonomonomono.	rádikih ramminéré		
Name of Agency		ACCEPTED AND A		Name of Agency
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY I	MEMBERS	OF I	MM	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.				
Type of Economic Activity Representing Source of Income Recei	ved ap	Circle propria letter	ıte	Kind of Income
1. public school teaching	Œ	5	D	selery.
2.	S	erinterioris in accounted	D	у подотного под постоя по стороно под под под под под под под под под по
3.	S		D	The second secon
4.			D	
SIGNA	TURE			
A Legislator who willfully fails to file a required statement is su		ne of	\$10) per husiness day until the report is filed
(1 M.R.S.A. § 1017-A)	bjoor to a n	iic Ul	Ψι	o por odomoso day unu une report is met
The intentional filing of a false statement is a Class E crime. If	the Commi	sion	con	cludes that it appears that a Legislator ha

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

February 2, 2009

NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.
Part/Section Number	
THE MANAGEMENT OF STREET	
YAYAMARIA WAXAALA KA	
OUT OCCUPANTANIA	
and a second a second and a second a second and a second a second and a second a second a second a second and	
GERIA (ACCIDITATION ACCIDITATION ACCIDITATIO	
Anapara Reviews Associated	
60000000000000000000000000000000000000	
ээсүй дөөрүүл байжан байдаган жаган жаган байдаган жаган жаг	
SECONDARIO ACCOMINATORIO	
-	
THE RESERVE OF THE STATE OF THE	·
y William to the control of the cont	

dest construction of the c	

. desert transference	