

## RECEIVED

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 prev	riously filed statement for the calendar year :	2008.			
	LEGISLATOR INFORMATION				
Name GERALD M. DAVIS		Member of: ☐ House ☐ Senate			
Mailing address  15 Ham IIN Road  City, zip code  FAlmouth 04105	2004E-Minesessassey-upon/ppm/ark0040000000000000000000000000000000000	District 1 1			
Falmouth 04105	(207) 797-5309				
PART 1. INCOME  List the name and address of each employe principal type of economic activity of each employed principal type of economic activity.	DERIVED FROM EMPLOYMENT BY ANO er from whom you received compensation oployer.				
Name of Employer	Address	Principal Type of Economic Activity of Employer			
None	······································	THE CONTROL OF THE PARTY OF THE CONTROL OF THE CONT			
		TO THE TOTAL TO THE			
	DME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	i e			
A. List the name and address of your busin derived income. If associated with a partners areas of economic activity of that entity.	ness, if any, and list the major areas of ed ship, firm, professional association, or simila	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: None					
Name: Address:		The state of the s			

PART 2 (continued). INCOME DERIN (For Legislators who ar	/ED FROM SELF-EMPLOYN	MENT
B. List each source of income derived from self-employment that repressing greater, and specify the principal type of economic activity of the end disclosure is prohibited by law, rule, or an established code of profess the entity or person from whom the income was derived.	esents more than 10% of your gr tity or person from whom you de	rived 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
Name:	1997 Parkit Christia Ganetia. Pran Prin manenemperena crisi en memperadistat en la cristia sagis and I	tende a man en
Address: None		
Name:	NAMENDALINA AMIN'NY TANÀNA MANDRINA NY TANÀNA MANDRINA NY TAONA NY	alt videb en video video video en
Address:	defense 343 years	
PART 3. MAJOR ARE		
(For Legislators who are all List your major areas of practice. If associated with a law firm, list the		rm.
Name and Address of Firm	Major Areas of Practi (self)	en e
Name:	Alles terripos and a	**************************************
Address: None		
Name:	TOLI MAR ANY NASA	
Address:	3.6.1	100
PART 4. OTHER SOU		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	r 3 of this form. Do not include g	gifts. If none, check the box.
None	and a second of the state of the state of the second second second second second second and the second seco	тбания комперенция и при при при при при при при при при п
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: MAINE Public Employees Retirement:	S4stem	oo ka ka ka dada da ka
Address: 46 State House Station, Augusta, ME	04333-0046	Pension
Name: U.S. GOVERNMENT	The second point of the second se	and the second s
Address: WAShipston, D.C.	A hard stated an in	Social Security
PART 5. REPORTAB	LE LIABILITIES	DOUG DECURITY
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a rela	that you received during the reative. If none, check the box	porting period, and list the major
None	er <sup>a</sup> 17488° and makes kank makes make make 1994 (1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	STATE OF THE STATE
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		\$
Name:		
Address:		
PART 6. REPORT		
List the specific source of each gift of more than \$300. Include gifts wit none, check the box	h an aggregate value of more th	an \$300 from a single source. If
Name of Source of Gift		
1. 3.	Name of So	urce of Oil
2. 4.		mennengan protos saatus saatus saatus mengengan protos saatus saatus menengengan perusah protos saatus saatus

PART 7, REPOR	RTABLE	HONO	RARIA			
List the source of any honoraria accepted for appearances or spe	TO SAME AND A SAME AND	territoria de la compansión de la compan	Section Control of the			
None	appropriate the second					
Name of Source of Honoraria			<b>.</b>	lame of Source of Honoraria		
1.	3.					
2.	4.			THE PARTY OF THE P		
PART 8. REPRESENTATION	ON BEF	ORE ST	ATE	AGENCIES		
List each executive branch agency before which you represente the box.	ed or assis	sted other	ers for	compensation of any amount. If none, check		
None	**************************************	***************************************	Manamanapapapapapapapapa			
Name of Agency				Name of Agency		
1	3.					
2.	4.	elevent variables som blev state at the state of the stat	e e e e e e e e e e e e e e e e e e e			
PART 9. BUSINESS	WITH S	TATE A	GEN	CIES		
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your imme	ediate fa	mily so	old goods or services with a value in excess of		
None	VYTTIPO24X 25000000000000000000000000000000000000	nikmmanasiksuksuksuksuksuksuksuksuksuksuksuksuksuk	er Millenoore een laare een ee			
Name of Agency			// Algorithm production and the second	Name of Agency		
1.	3.					
2.	4.	***************************************	***************************************	AND THE PROPERTY OF THE PROPER		
PART 10. INCOME RECEIVED B						
List the type of economic activity representing each source of in (ren) during the reporting period and the kind of income represen "D" for income received by dependents.	come of Stated Doin	61,000 o not includ	r more le gifts	received by your spouse or dependent child c. Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Re-	ceived	Circle appropriate letter		Kind of Income		
1. Education (Education Techniciae)	)	S	D	employment		
2. U.S. Gayeruneut	orans Assassina en	(S)	D	Social security		
3.		S	D			
4.	**************************************	S	D			
SIGI	NATURE					
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)	subject to	a fine	of \$16	0 per business day until the report is filed.		
The intentional filing of a false statement is a Class E crime. willfully filed a false statement, it shall refer its findings of fact to	If the Co	mmissio	on con neral.	cludes that it appears that a Legislator has		

(1 M.R.S.A. § 1019)

Jereld Moavis

Signature

(3)

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.

NAME:							DATE:				14-	
ADDRESS:	так и положения можения (в), до с до дене до д	TTON TENTON TONTON BOTTON BOTT	Middle between the construction and the constructio	TOTAL PELLONDON SPECIMENT IN MERCENNING VINANCES	A STATE OF THE STA		Meroninera menarca canana retimente erana	i of American	n Tallinen (n. 1866) en en en el est de el enterne en el est de el enterne en el enterne en el enterne en el e		anne e communicación de la	ing.
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if	needed).	Indicate the	part or s	ection i	number	for the
Part/Section Number												
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