



HFR 5 2009

JAINE ETHICS COMMISSION

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

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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.

	LEGISLATOR INFORMATION			
Name Cton Grann felt		Member of:		
STAD OSFERISA		☐ House ☐ Senate		
Stan Gerzofsky Mailing address 3 7-denal 57		District / 6		
<u>City</u> , zip code		Phone .		
City, zip code BRUNSWICK MZ. 04011		373-1328		
PART 1. INCC	DME DERIVED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each emp principal type of economic activity of each	ployer from whom you received compensation employer.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
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ant account of a continuous and a contin				
	NCOME DERIVED FROM SELF-EMPLOYME For Legislators who are self-employed.)	ŃT		
A. List the name and address of your	business, if any, and list the major areas of the the state of the sta	economic activity from which you nilar business entity, list the major		
Name and Address of Business En	tity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name:				
Address:	**************************************			
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Name:		1		

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 rep is greater, and specify the principal type of economic activity of the edisclosure is prohibited by law, rule, or an established code of professible entity or person from whom the income was derived.	presents more than 10% of your gross entity or person from whom you derived ssional ethics, specify only the principal	d such income. If this form of all type of economic activity of						
Name and Address of Source	Acti	rincipal Type of Economic vity of Entity or Person Who the Source of the Income						
Name:	A CONTRACTOR OF THE CONTRACTOR							
Address:								
Name:	Andromos	,						
Address:								
PART 3. MAJOR AR (For Legislators who are	The second secon							
List your major areas of practice. If associated with a law firm, list the	e major areas of practice of your firm.							
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)						
Name:								
Address:								
Name: Address:	MRGCGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	THE THE PROPERTY OF THE PROPER						
PART 4. OTHER SOI	URCES OF INCOME							
List each source of income of \$1,000 or more not listed in Parts 1, 2,	The state of the s	If none, check the box.						
None		7,000,000,000,000,000,000,000,000,000,0						
Name and Address of Source	a (0	Kind of Income nvestments, leases, etc.)						
Name:		and the second s						
Address:	(p.) division in the second of							
Name:	4400-4400-440-440-440-440-440-440-440-4	9449269900440000000000000000000000000000						
Address:								
PART 5. REPORTA	A CONTRACT OF THE CONTRACT OF							
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mo areas of economic activity of each creditor. Do not list loans from a re-	ore that you received during the reporticle elative. If none, check the box	ng period, and list the major						
□ None	tive and the second transfer of the the transfer of the transf	IABBAMBIRIAN AN-KIN-AN-HINNAN-AN-HINNAN-AN-HINNAN-BIS SI S						
Name and Address of Creditor	Pr	incipal Type of Economic Activity of Creditor						
Name:	· Property of the control of the con							
Address:								
Name:								
Address:		New York Control of the Control of t						
PART 6. REPORT List the specific source of each gift of more than \$300. Include gifts we none, check the box		300 from a single source. If						
☐ None	411/11/10/10/10/10/10/10/10/10/10/10/10/1	990-9900-9900-9900-9900-9900-9900-9900						
Name of Source of Gift	Name of Source 3.	of Gift						
2.	4.	970/27500/2700/2704/CCCA-decesses on a secret to a 2000/2700/2704-A decesses a considerate de considerate de c						

PART 7. REPORTABLE HONORARIA								
List the source of any honoraria accepted for appearances of	or speeches relat	ted to y	our offici	al duties. If none, check the box.				
None								
Name of Source of Honoraria			Nar	ne of Source of Honoraria				
1.	3.							
2.	4.	escension constitue and	46000000000000000000000000000000000000	CONTRACTOR				
PART 8. REPRESENT	ATION BEFO	RE ST	ATE AC	BENCIES				
List each executive branch agency before which you repre- the box.	sented or assist	ed othe	rs for co	ompensation of any amount. If none, check				
None	AMERICA MERICA POR CONTRACTOR AND ADMINISTRATION AN	·······						
Name of Agency				Name of Agency				
1.	3.	3. .						
2.	4_	4.						
PART 9. BUSIN	ESS WITH ST	ATE A	GENCI	E \$				
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.								
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Name of Agency		Name of Agency						
1.	3.	3.						
2.	4.	4.						
PART 10. INCOME RECEIVE	ED BY MEMBE	RS OF	- IMME	DIATE FAMILY				
List the type of economic activity representing each source (ren) during the reporting period and the kind of income repr "D" for income received by dependents.	e of income of \$	1,000 o	r more r	eceived by your spouse or dependent child				
Type of Economic Activity Representing Source of Incom	ne Received	Circle appropriate letter		Kind of Income				
1.		S	D					
	serkelikanak rennamen erennaman renaman eren militari eren eren eren eren eren eren eren er							
2.		S	D					
3.	-	s	D					
4.		S	D					
	SIGNATURE							
A Legislator who willfully fails to file a required statement (1 M.R.S.A. § 1017-A)	nt is 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 cri willfully filed a false statement, it shall refer its findings of f				ludes that it appears that a Legislator has				
If the Commission determines that a Legislator has willfully the Legislator shall be presumed to have a conflict of i question in committee or in either branch of the Legisla (1 M.R.S.A. § 1019)	ly failed to file a interest on eve	require	d stater	d shall be precluded from voting on any				
tu Lippy			2~ 5	3-09				

Date

NAME:		DATE:									
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			AD	DITIONAL IN	FORMATI	ON					
Please provide an information you are	y additional providing.	information	below (and	on additional	sheets if	needed).	Indicate	the part or	section	number	for the
Part/Section Number	a de la companya de l										
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