

Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics 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		2008.			
LEGI	SLATOR INFORMATION				
Walter R. Gooley	Member of: ☐ House Senate				
Mailing address 263 Cowen Hill Ray	District 1				
City, zip code	Phone 778-2368				
PART 1. INCOME DERI	IVED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employer from principal type of economic activity of each employer	m whom you received compensation or.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
NIA					
	ERGOGICO (AND AND AND AND AND AND AND AND AND AND				
######################################	COCCUSTORIAN SERVING S	######################################			
	DERIVED FROM SELF-EMPLOYMEN	ľ			
A. List the name and address of your business, derived income. If associated with a partnership, tareas of economic activity of that entity.	lators who are self-employed.) if any, and list the major areas of ecfirm, professional association, or simila	onomic 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: Gooley's Conifers Unlimited, Address: 263 CoverHilled FREMING TO	o Christmas Tree	Corpon: Tien			
Name: Address:	vid. sept. in 10 mark of the	** The salt very Highlight			

PART 2 (continued). INCOME DEI	RIVED FROM SELF-EMPLO orare self-employed.)	YMENT
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 profethe entity or person from whom the income was derived.	presents more than 10% of your entity or person from whom you	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
Name: Gooley & Confers unlimited (Address: 263 Cowen Hill Rd Farm	Christmas Int	Christines
Name:	ningling Me	tree res
Address:		DOM:
The property of the control of the c	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	Adams and the second	r firm
Name and Address of Firm	Major Areas of Pra (self)	Est Netto consistenti in contra mentra de contra d
Name: Address:	Property of the first state had had also	
Name: Address:	AND AND THE REAL PROPERTY OF THE PROPERTY OF T	айобоб больно бально больно больно ображения
PADIA OTUED SA	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2		e aifts. If none, check the box.
/ None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Maine State Betineryent		Retirement
Name: Federal Social Seconst Address: NA Shire Ten DC	7 System	Retirement
DART 5 PEROPT	ABLE LIABILITIES	
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	reporting period, and list the major
None :	rand 1900 kg 10 ang makasan ng mga ng mg	Control formal formance and consecution of formance or some minor control management of the state of the stat
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	ggerennen i vergreite gestert i till till till till till till till	
Name:		·
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	RTABLE GIFTS with an aggregate value of more	e than \$300 from a single source. If
None	38.45649630.305384A444A4A44444444444444444444444444444	NET DOCKTON MANAGEMAN SAMAN SAMAN MANAGEMAN AND ANAGEMAN SAMAN AND ANAGEMAN SAMAN SAMAN SAMAN SAMAN SAMAN SAMAN
Name of Source of Giff 1.	Name of 3.	Source of Gift
2.	4.	PCT TOTAL STATE AND

PART 7. REPORTABLE HONORARIA								
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.								
None								
Name of Source of Honoraria		The second secon	٨	ame of Source of Honoraria				
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2.	4.		arwearn erresson	ika dia menangkan proper prope				
PART 8. REPRESENTATION	1 BEFO	RE ST	ATE :	AGENCIES				
List each executive branch agency before which you represented the box.	or assist	ed othe	rs for	compensation of any amount. If none, check				
None		2008220000 da Januaria da Caracia						
Name of Agency				Name of Agency				
1.	3.							
2.	4.							
PART 9. BUSINESS W	/ITH ST	ATE A	GEN	CIES				
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 imme	diate fai	nily so	old goods or services with a value in excess of				
None		r Datuman California de Carresta Carres	inner en					
Name of Agency		Name of Agency						
1.	3.							
2.	4.							
PART 10. INCOME RECEIVED BY	MEMBE	RS OF	IMN	EDIATE FAMILY				
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.								
Type of Economic Activity Representing Source of Income Recei	ived	Circ approj lett	oriate	Kind of Income				
1. Labor	·	(s)	D	Christnes Tree Sales				
2.	***************************************	s	D	A COMMUNICATION OF THE PLANT OF THE COMMUNICATION O				
3.	44504040000000000000000000000000000000	S	D	The second secon				
4.	MANAGAMA ARABAN ARAB	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 \$1	0 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 Cor	nmissio	n cor	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

NAME:	DATE:								ga:			
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ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and or	additional	sheets	if needed).	Indicate th	ie part or	section	number	for the
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