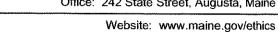
Office: 242 State Street, Augusta, Maine



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 pre	eviously file	ed statement for the	calendar year 2	2008.			
	LEGISL/	ATOR INFORMATIO	N				
Name EARLS L. McCorm	Member of: ☐ House ☑ Senate						
Mailing address 633 HAUSWELL R	MANTHAMAN AMANANAN AMANAN	District 21	MATTER VIEW All and an extended which the sequence of the terminal construction of				
City, zip code WEST GARDINER, N	Phone 724-	3228					
PART 1. INCOM	E DERIVE	D FROM EMPLOYM	IENT BY ANO	IHER			
List the name and address of each employ principal type of economic activity of each er	yer from w mployer.	hom you received o	compensation of	of \$1,000 or mo	re. Specify the		
Name of Employer		Address	Principal Type of Economic Activity of Employer				
State of MAINE		s Augusta, Co#03020	STATE SENATE				
				BREENE AND A COMMON CONTRACTOR CO	407-324-0-0-4-0-4-0-4-0-4-0-4-0-4-0-4-0-4-0-4		
		RIVED FROM SELF- rs who are self-empl					
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if a ership, firm	any, and list the maj n, professional assoc	or areas of ec iation, or simila	onomic activity ar business entit	from which you y, list the major		
Name and Address of Business Entity	Major Areas of Eco		Major Areas of Economic Activity (partnership, association or similar business entity)				
Name:			en menementen en e	meg menerommen koman meneka ikada anaa anaka anika enika enika enika enika enika enika enika enika enika enika Birangan menerommen koman meneka ikada enika enika anika anika enika enika enika enika enika enika enika enika	nna meneralama ataka erandigi dipersistra ne siri dipersistra pambandana		
Address:	«Сибийличний положения оприментриментер»	re annot common conscious conscious conscious de la marie della ma	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		CONNECTION AND INTERPRETATION OF THE PROPERTY		
Name:		edicator units and the		See a la company de la company			
Address:		in and the second secon					
		To a state of the		in the state of th	-		

PART 2 (continued). INCOME DE	ERIVED FROM SELF-EMPLO no are self-employed.)	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 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:	and distributes and marketing and an experiment of the control of					
Address:		A CONTRACTOR OF THE CONTRACTOR				
Name:	tanka di salah di sal	The state of the s				
Address:		12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
	REAS OF PRACTICE ire attorneys-at-law only.)					
List your major areas of practice. If associated with a law firm, list		ır firm.				
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)				
Name:		A. W. W.				
Address:						
Name:		**************************************				
Address:						
PART 4. OTHER S	OURCES OF INCOME					
List each source of income of \$1,000 or more not listed in Parts 1,		e gifts. If none, check the box.				
☐ None	are commenced to the second of	MBBBB (1995) - MBBBB (1995) - MBBBBBBBBBB (1995) (1995) (1995) (1995) (1995) - MBBB (1995) - MBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB				
Name and Address of Source		Kind of Income				
Name DEFENSE FINANCE & ACCOUNTIN	16 SERVICE	(investments, leases, etc.)				
Address: P.O. Box 7130 LONDON, Ky 4074		PENSION				
Name: SOCIAL SECURITY ADMINISTRAL IJAMAICA CENTER PLAZA Address: 1041277091	7,01	Pension				
JAMARCA 191 1-13-2818						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or n	TABLE LIABILITIES nore that you received during the	reporting period, and list the major				
areas of economic activity of each creditor. Do not list loans from a	relative. If none, check the box					
None	appropriate for the second section of the section	Control of the second s				
Name and Address of Creditor		Principal Type of Economic Activity of Creditor				
Name:		(2007-00) and infrarencement infrared and group and angle of the fields and an infrared and an executive and a				
Address:						
Name:						
Address:						
PART 6. REPO	RTABLE GIFTS					
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more	than \$300 from a single source. If				
None	The state of the s	M384V-0040404040404040404040404040404040404				
Name of Source of Gift 1.	Name of 3.	Source of Gift				
2.		eminintension (CCC) and Mark Mark Mark from the many participation (CCC) and CCC (Mark Mark Mark Mark Mark Mark Mark Mark				

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PART 7. REPORTAE	BLE HONO	RARIA					
List the source of any honoraria accepted for appearances or speeche	s related to	our off	ficial duties. If none, check the box.				
🔼 None	in a managan an ang pagangan an ang an an an an an ang an	A Secretaria de cuanto en estado en estado en estado en estado en estado en el como en el como en el como en e	in the second control of the second s				
Name of Source of Honoraria	Park of Park of School	N	ame of Source of Honoraria				
1.	3.						
2.			- C.7.480-49-8888866-884-884-984-984-984-984-984-984-984-9-10-10-10-10-10-10-10-10-10-10-10-10-10-				
PART 8. REPRESENTATION B	EFORE ST	ATE /	AGENCIES				
List each executive branch agency before which you represented or the box.	assisted oth	ers for	compensation of any amount. If none, check				
☑ None							
Name of Agency	Section and the section of the secti	414440000000000000000000000000000000000	Name of Agency				
	3						
2. 4		Mark Commission and American State (State State					
PART 9. BUSINESS WIT	The state of the s						
List each executive branch agency to which you or a member of your i \$1,000 during the reporting period. If none, check the box.	immediate fa	mily sc	old goods or services with a value in excess of				
None	erikittikkaikosteriikaiksississississississississississississi						
Name of Agency			Name of Agency				
1. a	3.						
2. 4	4.						
PART 10. INCOME RECEIVED BY ME	MBERS O	FIMM	EDIATE FAMILY				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	of \$1,000 of Do not inclu	r more de 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 Received	d appro	cle priate ter	Kind of Income				
1. RETAIL CLERK	Ŝ	D	OMPLOYMENT				
2.	S	D	and the state of t				
3.	S	D					
4.	S	D					
SIGNATI	JRE						
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	ect 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 the willfully filed a false statement, it shall refer its findings of fact to the	e Commissi	on con	cludes that it appears that a Legislator has				
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest or question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	file a require	ed state stion a	and shall be precluded from voting on any				
Parle L. Mclormak		2	1009				

Date

Signature

NAME:	ME: DATE:									77000000	######################################			
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Please provide information you	any additional are providing.	information	below	(and	on a	additional	sheets	if needed).	Indicate	e the	part or	section	number	for the
Part/Section Number			Andrews removes the beginning	Charles have graphed and the second s	A CONTROL OF THE CONT			ANN AND COUNTY OF THE STATE OF						(\$110,000,000,000,000,000,000,000,000,000
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