

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 242 State Street, Augusta, Maine

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2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

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 Elizabeth H. Mita	hell	Member of: ☐ House	∑ Senate					
Mailing address 277 Cushnoc Road 4		District 24						
City, zip code Vassal Dord 049	Phone 622-21	622-2629						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
Name of Employer	Address		pe of Economic of Employer					
Mitchell and Davis	86 Winthrop St. Augusta, ME 04330.	AHovne	'ys					
Town of Upssalhoro	VASSAlboro Town Office North VASSAlboro, Will	Mani	ici pality					
MARLe Community Founds	hu Elkworth, ME04605	Phitan	theoply					
	OME DERIVED FROM SELF-EMPLOYMEN	УT						
(For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.								
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:	Velencia de la companya de la compan							
Name:	**************************************	ADOLALIA CONTROLLA C						
Address:		*						

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLO o are self-employed.)	YMENT
B. List each source of income derived from self-employment that n is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	epresents more than 10% of you entity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	er e	en e
Address:	1801 MANAMANAN MANAMAN	
Name:	•	* Average Aver
Address:		
(For Legislators who a	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t	the major areas of practice of you Major Areas of Pra	Karangangan panggangangan an manggan manggan panggan panggan panggan panggan panggan panggan panggan panggan p
Name and Address of Firm	(self)	(firm)
Name: Jim Milebell and Ted Davis, RA.	Proba he	Probaby,
Address: 86 Winthrop St. Agust ME		Litigahu
Name:	ide de la casa de la c	
Address:	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2		le gifts. If none, check the box.
☐ None	Ni dalah Kitik Jih Jidaata, wasakutanakutana kutawana a ana a a amanin manangayayay ayagaya ayagayay ayagayay	etistitis vatitetiine statutus vaanusta vaanan annivaanaman on yyggeennigunna apagip varigigisennississis
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Exxon Mobil		Royal hies
Name: RPM Realty Find		Pan P
Address:		· voranses A Patrick C
PART 5. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or n areas of economic activity of each creditor. Do not list loans from a	nore that you received during the relative. If none, check the box	reporting period, and list the major
☐ None	er ottomot i Volumbio partini	илинд болосий долого хольный дэльдэйн хэлэн нэг өөгүүн өөгө өөгө холого
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	THE STATE OF THE S	A MANAGARA A A A A A A A A A A A A A A A A A
Name:		The state of the s
Address:	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		e than \$300 from a single source. If
None	er en	THE STATE OF THE S
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speech	hes related to yo	our offi	icial duties. If none, check the box.				
None	allegen and the state of the last and the state of the st	Salaran de la companya del companya del companya de la companya de	ransan bersakan bersaka				
Name of Source of Honoraria		Na	ame of Source of Honoraria				
1.	3.		1. EE EL-1-K-6-30 - 400 18 LD-CV-VINNE 300 2000 LL-1-K-6-1-1-2006 LL-1-K-6-1-2006				
2.	4.	Booksepoon	UNIT- 19770- 89-107. 500-500.00.000000000000000000000000000				
PART 8. REPRESENTATION	The state of the s	rate in the second					
List each executive branch agency before which you represented o the box.	or assisted other	s for o	compensation of any amount. If none, check				
None	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	water the second					
Name of Agency			Name of Agency				
1.	3.						
2.	4.	Samuel Community of the	чення на				
PART 9. BUSINESS WI	ITH STATE A	GENC	PFS				
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.		Server Street,					
☐ None		Si-bidocenion-broadens.					
Name of Agency		Nellaba Pella Abbairaja	Name of Agency				
1.	3.						
2.	4.	divinescencescencescence	**************************************				
PART 10. INCOME RECEIVED BY N	MEMBERS OF	IMM	EDIATE FAMILY				
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 or	more	received by your spouse or dependent child				
Type of Economic Activity Representing Source of Income Receiv	Circ ved approp lette	oriate	Kind of Income				
1. Covary Government	S	D	Splany + Contract / stor				
2. Law Firm	<i>Ø</i>	D	Sulary				
3. Pullicuhous		D	Royal hes				
4. Minus Echre ha	(\$)	D	Doyalhies				
SIGNA	TURE						
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	bject to a fine	of \$10) 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	the Commissio	n 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 question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	on every ques nd shall not att	tion a empt	and shall be precluded from voting on any to influence the outcome of any question.				
Signature		-/- /	3 / 0 9 Date				

Signature

NAME:	DATE:										
ADDRESS:		And the second s	Annual Control of the	- Professional Communication (Communication Communication	**************************************		Material (Material Control of Material Control	e commendation de commendate actività de la commendate actività de la commendate actività de la commendate act	KATOMANA MARIA MARIJA AMARIJA	teredijikiki (1904) ili kuru bermalah (1900 mere	MARIOTA de a naciona de acrescia de Mario Ma
ADDITIONAL INFORMATION											
Please provide information you	any additional i are providing.	nformation	below (and	on additional	sheets if	needed).	Indicate	the part or	section	number	for the
Part/Section Number		ili da tanan kana da kana aka aka aka aka aka aka aka aka a	**************************************				L				
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