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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.

☐ Please check if this is an update to a previously	filed statement for the calendar year :	2008.		
LEGIS	SLATOR INFORMATION			
Name The Malling address  79 Campbell Ro		Member of:  ☐ House ☐ Senate  District		
City, zip code Leeds, Me	Phone 524-3941			
PART 1. INCOME DERI	VED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer fron principal type of economic activity of each employer	n whom you received compensation of:	of \$1,000 or more. Specify the		
Name of Employer	Principal Type of Economic Activity of Employer			
State of Maine	Augusta, Me	State Senator		
·	CONTROL SECURITIES AND	Authorizan Nociona e concorrigio sensi in directiva e de en encorrigio e en cocia e cocia de sensi de entre de		
	DERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)			
A. List the name and address of your business, derived income. If associated with a partnership, f areas of economic activity of that entity.	if any, and list the major areas of edirm, 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: Androscogg. In Holstoins Address: 79 Campbell Rend	Pañy Form	Solof Milk, Bodin Stock, embrying		
Name: Address:		, a managed real		
		A.		

PART 2 (continued). INCOME DE (For Legislators w	RIVED FROM SELF-EMPLOY no are self-employed.)	MENT
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.	entity or person from whom you do	erived 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:		Soler Milh.
Address:		
Name:		Breeding Stud
Address:		Embryos
Explanation of the control of the co	REAS OF PRACTICE ire attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list	And the second s	īrm.
Name and Address of Firm	Major Areas of Pract (self)	ice Major Areas of Practice (firm)
Name:	alb incidents IX to	A STATE OF THE STA
Address:	THE SECTOR CONTROL AND THE PROPERTY OF THE SECTION	-28000469899999999999999999999999999999999
Name: Address:	National and the second	
PART 4. OTHER SI	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1,	2, or 3 of this form. Do not include	gifts. If none, check the box.
None	**************************************	ar carrier a successive and a successive
Mutal finds Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Old Matual advisor, Sunamoure	. american Confurt,	Matral Finds
Address:	Function Temple ton	I was
Name: Nachevia Securities, albany, N.Y.		
Address:	SCHAECE IN S	
	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 re relative. If none, check the box	eporting period, and list the major
None	**************************************	293300000000000000000000000000000000000
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
	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 the	nan \$300 from a single source. If
None	a Community of recommendation of the property of the property of the commendation of t	glidabendag milmograph did hij hak kan manahangan digingkap badi dilimun dibangkap milmigi kakila di manahan m
Name of Source of Gift  1.	Name of So	purce of Gift
2.	4.	annessen er en

PART 7. REPOR	RTABLE H	ONOF	RARIA			
List the source of any honoraria accepted for appearances or spe	eeches relat	ed to y	our official	duties. If none, check the box.		
None						
Name of Source of Honoraria			Name	of Source of Honoraria		
1.	3.					
2.	4.	OCCUPATION CO- AZ SPACIO	606, 3027-4 "Misseloc repopue vyga 32" 3449444	<b>等で、ボーダでなる 2009、40000000</b> 100 になっている 2000000000000000000000000000000000000		
PART 8. REPRESENTATIO	ON BEFOR	RE ST	ATE AGE	NCIES		
List each executive branch agency before which you represente the box.	ed or assiste	ed othe	rs for com	pensation of any amount. If none, check		
None		remmerco amena ranca.	110000011C2E3U11H3000A004A04	Millionen op en op en op en de state d		
Name of Agency				Name of Agency		
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2.	4.	endramnánamaihoerez zodítov		terrenenin hande der der der der der der der der der d		
PART 9. BUSINESS	region is no recognized to the PASS FALL					
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immed	liate fai	mily sold g	oods or services with a value in excess of		
None		cráncusci i instinui de de descrito.	d Udistili AU Udiselde e e e endande e e e disentido e e dise	dite dipaktikan bizzari azakitaza diaman mana kanaa manakaka matanga dimazi izana manaka manaka manaka manaka m		
Name of Agency				Name of Agency		
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED B	Y MEMBE	RS OI	IMMED	ATE FAMILY		
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.	ncome of \$1 nted. Do no	,000 o t includ	r more rec le gifts. C	reived by your spouse or dependent child ircle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Rec	ceived	Cir appro leti	Kind of Income			
1. Millminder Crafts		(S)	D			
2.	A PARTICIPATION REPORTED TO SERVICE PROPERTY PRO	S	D			
3.	Keneminan sakususukah kateuran minimususususususususususususususususususus	S	D			
4.	***************************************	s	D	**************************************		
SIG	NATURE					
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)	subject to	a fine	of \$10 pe	er 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 Com	nmissio	on conclud	des that it appears that a Legislator has		
If the Commission determines that a Legislator has willfully faile the Legislator shall be presumed to have a conflict of intere question in committee or in either branch of the Legislature, (1 M.R.S.A. § 1019)	ed to file a r	require	d stateme	shall be precluded from voting on any		
Q5MmHs	÷.		2-16	-09		

Date

Signature

NAME:	JAN		U A	With	inc			DATE:	2-1	16-09	*		
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Please provio	le any ado ou are provi	litional iding.	information	n below	(and o	on additiona	I sheets if	needed).	Indicate	the par	t or section	number	for the
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