

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.

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.									
LEGISLATOR INFORMATION									
Name Joseph C. H	Member of: ☐ House								
Mailing address 337 Grove 9	District 32								
City, zip code Bangor, 1	Phone 942 - 5585								
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	Principal Type of Economic Activity of Employer								
STATE OF MAINE MAINE SENATE 3-SHS AND ME	OF MAINE 3 STATE HOUSE STATION E SENATE AUGUSTA, ME 04333								
		TO COMPANY TO THE PROPERTY OF							
	OME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	T .							
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: NO NE Address:									
Name: Address:		e e e e e e e e e e e e e e e e e e e							

PART 2 (continued). INCOME DEI (For Legislators who	RIVED FROM SELF-EMPLOY o are self-employed.)	MENT
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.	entity or person from whom you d	erived such income. If this form of incipal 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: Address: None		
Name: Address:	regan nois-osaarv	
PART 3. MAJOR AF (For Legislators who are	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	ne major areas of practice of your	firm.
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)
Name: Nowte	- 100 O O O O O O O O O O O O O O O O O O	PARTICIPATION OF STATE OF STAT
Name: Address:	dilitimoni i manufi di man	
PART 4. OTHER SO	URCES 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	оницинарная учент, выменяющей отновней отновней отновней выпуска в под предоставления выпуска в под предоставления выпуска в под предоставления выпуска в под предоставления в по	Ф = 9 46 16 (1970) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: I OWN Rental Property. Address:		Renta 15
Name: Address:	ex vacable and exchange	
PART 5. REPORT		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or me areas of economic activity of each creditor. Do not list loans from a None	ore that you received during the relative. If none, check the box	eporting period, and list the major
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	A A A A A A A A A A A A A A A A A A A	
Address:	**************************************	TOTO CHI CONTROL MANTALA MANAMANA AND AND AND AND AND AND AND AND AND
Name:	nd of very name of	
Address:		
PART 6. REPOI List the specific source of each gift of more than \$300. Include gifts none, check the box		than \$300 from a single source. If
□ None		VIII (Control of the Control of the
Name of Source of Gift	Name of S	ource of Gift
1. BYRON & MARY PERRY	3.	\$ 0.000 miles
2.	4.	TO SOLVE TO A SOLVE A

PART 7. REPORTA	ABLE HON	OR/	ARIA				
List the source of any honoraria accepted for appearances or speed	hes related t	o yo	ur offic	cial duties. If none, check the box.			
None							
Name of Source of Honoraria			Na	me of Source of Honoraria			
1.	3.						
2.	достинення в под при						
PART 8. REPRESENTATION	BEFORE	STA	TE A	GENCIES			
List each executive branch agency before which you represented the box.	or assisted o	thers	s for c	ompensation of any amount. If none, check			
■ None	NETTO CONTROL		***************************************				
Name of Agency				Name of Agency			
1.	3.						
2.	4.	and the second second	iterik ^a ertendindenschelb				
PART 9. BUSINESS W	ITH STATE	AG	ENC	IES			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immediate	fam	ily sol	d goods or services with a value in excess of			
None	encharación monumentarion de la compagnitario	v corcuitive donic	iveritino comunicación	iald datum dinama di kuma ober din igi bond di pipiligan galid qula di pipiliga di di zizi di asti zizi di ast			
Name of Agency		VADEDVSPERS		Name of Agency			
1.	3.	·					
2.	4.						
PART 10. INCOME RECEIVED BY	MEMBERS	OF	IMME	DIATE FAMILY			
List the type of economic activity representing each source of incorporation (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,00 d. Do not inc	0 or clude	more gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Recei	ved ap	Circl propr lette	iate	Kind of Income			
1. SHAWS Supermarket	(*	D	Employment			
2.	S		D				
3.	S		D	МАК Монто - А парти и обложения и то в не не по то не не по по то по			
4.	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 fi	ne c	of \$10	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 Commi	ssior Gen	n cond eral.	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)

Date

NAME:	DATE:											
ADDRESS:	and the second s	Wikin West Salman and and an address and address	CENTER CONTROL	encercommunication and an encercial and an	#www.odponoroumandportungszyki.projukszyki.	Y2072102 4(VM) www.chlowgen	enterna <mark>di propinsi di Propin</mark>	Birdynaminglebyddighddignapaggggyggggggg	**************************************	APPONING THE RESIDENCE PROGRAMME PRODUCT	TO S. C.	7075-#Richard Stablesson Albeiten von Albeit
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and or	ı additional	sheets	if needed).	Indicate	the part of	or section	number	for the
Part/Section Number					State of the section							
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