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 pr	eviously filed statement for the calendar year	2008.				
	LEGISLATOR INFORMATION					
Name Kevin L. Raye		Member of: ☐ House				
Mailing address 63 Sunset Cove	District 29					
Name Kevin L. Raye Mailing address 63 Sunset Gre City, zip code Perry, ME 046	Phone 853-9406					
	E DERIVED FROM EMPLOYMENT BY ANG	THER				
List the name and address of each emplo principal type of economic activity of each e	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
Husson University	One College Circle Bangor, ME 04401	Education				
	-	### CONTROL CO				
Control of the Contro	OME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	Г				
A. List the name and address of your bust derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major areas of earship, firm, professional association, or simil	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: J.W. Rayle + Co., Inc. 83 Washington Street Address: East port ME 04631	Management	Mustard Maker.				
Name:	AMÉRITOTE GALL	runga ekst kis				
Address:		STATE OF THE STATE				

PART 2 (continued). INCO (For Legis	ME DERIVED F lators who are self-		
B. List each source of income derived from self-employme is greater, and specify the principal type of economic activit disclosure is prohibited by law, rule, or an established code the entity or person from whom the income was derived.	nt that represents ty of the entity or	more than 10% of your gross i	such income. If this form of
Name and Address of So	ource	Activ	incipal Type of Economic rity of Entity or Person Who the Source of the Income
Name:	ndikat Mamilak Mahalika kekindikak kalabak kalabak keni Pari di Simuri kepinda pindaga a	rasteri in meneratur, at ili kali kali kali kara kara mentat kali kali kali kali kali kali kali kali	aray - mayanak manayay maray mayaran kamay a sara 1900 ka 1928 ilika diki ilika da d
Address:		reschorate	
Name:	nderenderen mediaden den der der gegendelter det erstellte der det delta erstellt i Statistische Australien Au	talisati katalasi ku mantu mantu Mantu mantu ma Mantu mantu ma	anananan arang
Address:			
And the second s	JOR AREAS O	A STATE OF THE PROPERTY OF THE	
List your major areas of practice. If associated with a law fi	the state of the s	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name and Address of Firm	The state of the s	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address:			
Name:	TICOCOLOCOLOCOLOCOCOCOCOCOCOCOCOCOCOCOCOC	THE THE PROPERTY OF THE PROPER	
Address:			
List each source of income of \$1,000 or more not listed in F	HER SOURCES		If none check the box
None		THE STATE OF THE S	All and the second and all all as is a second and an experience of the second and an experienc
Name and Address of So	Durce		Kind of Income nvestments, leases, etc.)
Name:		**************************************	- The state of the
Address:		as december of the second	· · · · · · · · · · · · · · · · · · ·
Name:	." '	:	
Address:		S. N. I. I. George and G. S.	
PART 5. R	EPORTABLE L	IABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,0 areas of economic activity of each creditor. Do not list loan	000 or more that s from a relative	you received during the reporti	ng period, and list the major
None		CCC BB MCC BB BB Are grown to the second control of the second con	ССИЛИСТИВНИМ МЕТИКА НА ВОЛЕНИИ ПО СТОТИ МЕТИКА НЕ НЕВИЗИТЕЛНИТЕ НЕВИЗИТЕЛНИТЕ В ПОТЕПТИТЕ НЕВИЗИТЕЛНИТЕ В ПОТЕ ПОТЕПТИТЕЛНИТЕ НЕВИЗИТЕЛНИТЕ НЕВИЗИТЕЛНИТЕ НЕВИЗИТЕЛНИТЕ НЕВИЗИТЕЛНИТЕ НЕВИЗИТЕЛНИТЕ В ПОТЕПТИТЕЛНИТЕ НЕВИЗИТЕ
Name and Address of Cr	editor	. Pr	incipal Type of Economic Activity of Creditor
Name:		th drive which his	
Address:		d d	
Name:		en en chân en est ene	
Address:			
PART 6.	REPORTABL	E GIFTS	
List the specific source of each gift of more than \$300. Include none check the box	ude gifts with an	aggregate value of more than \$	300 from a single source. If
U None	rapping ap begapyatat alaanin	WPG-Wallacked Million Magazing June (A.) - 2-3-1-1	Jain Lain Chain A Thurs and Maria Maria
Name of Source of Gift 1.	3.	Name of Source	of Gift
2.	4.		

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PART 7. REPORT	TABLE H	ONOF	RARIA	•
List the source of any honoraria accepted for appearances or spee	ches relat	ted to y	our off	icial duties. If none, check the box.
☑ None	alan ang managan ang managa Na ang managan		n salamah mekan dalam kendilan dalam	
Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.			
2.	4.		volenie operation versteere.	Company (1984) (
PART 8. REPRESENTATION	N BEFO	RE ST	ATE /	AGENCIES
List each executive branch agency before which you represented the box.	or assiste	ed othe	rs for	compensation of any amount. If none, check
☑ None		PORTER OF THE PROPERTY OF THE		
Name of Agency				Name of Agency
1.	3.			
2.	4.	innalizassi innaessassassassassassassassassassassassass		
PART 9. BUSINESS V	WITH ST	ATE A	GENO	CIES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	our immed	liate fai	mily so	old goods or services with a value in excess of
☑ None			-	
Name of Agency	- Programma	SUSPENSION AND AND AND AND AND AND AND AND AND AN		Name of Agency
1.	3.			
2.	4.	02049654555544440aumees	***************************************	
PART 10. INCOME RECEIVED BY	MEMBE	RS OF	- IMM	EDIATE FAMILY
List the type of economic activity representing each source of incomental (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1 ed. Do no	1,000 o t includ	r more le gifts	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Rece	eived	Circ appro lett	priate	Kind of Income
1. Mustard Manufacturing	1	S	D	Salary
2.		S	D	
3.	***************************************	S	D	Cartalatacasasasasas en
4.		S	D	
SIGNA	ATURE			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject 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	f the Con	nmissio	on con	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)

NAME:	DATE:												
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ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	n additional	sheets	if needed).	Indicate	the pa	rt or	section	number	for the
Part/Section Number													
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