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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 pre	viously file	ed statement for the calendar year 2	008.	A Company of the Comp						
LEGISLATOR INFORMATION										
Name Richard Ros	se N		Member of: ☐ House ☐ Senate							
Mailing address P. O. Box 87			District 3 i							
City, zip code BUCK-SpORT 04	<u>1416 -</u>	0877	Phone 469-3119							
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	egerigaja karja di njavatkara njavaja u navasanjar u kur	Address	Principal Type of Economic Activity of Employer							
	Ste	ute House ugusta	5tate Legislator							
State of Maine	A	ugusta	LegislavoR							
•	ABOUTON BAR FOR FRANKE									
			· .							
		RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)								
A. List the name and address of your bus derived income. If associated with a partne 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: Rosens Address: 22 Main 57 Bucks	Tasa	The the transmission of th	ме, комположны комположным комположным комположным комположеным менятического комположеным менятическо	42.Wee2.Wh						
Name: Address:		veoda ti nista ti na d	eviduation (springer)							

	PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)								
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.	epresents more than 10% of your g	lerived 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:		ntilalistik 1994 bi ^{sa} tuu muu 1993 tiistoonisti läänti 1945 tiin shaannamuu muu muu 1995 oli katata siinaa muu muu 1995 oli katata siinaa muu 1990 oli katata siinaa si							
Address:	AND								
Name:		AMERICAN CONTRACTOR OF THE CON							
Address:									
	REAS OF PRACTICE re attorneys-at-law only.)								
List your major areas of practice. If associated with a law firm, list the		firm.							
Name and Address of Firm	Major Areas of Pract (self)	ctice Major Areas of Practice (firm)							
Name:	The state of the s								
Address:	A GARAGE	6017							
Name:	97000409348944994444444444455555555555555555555	мененовного постоя с долина на н							
Address:	Alexandration (Fig.								
	OURCES OF INCOME								
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include	gifts. If none, check the box.							
None									
Name and Address of Source		Kind of Income (investments, leases, etc.)							
Name: TS M	PAYMODERA BLAS	d							
Address: Armonx, NY	MATERIAL AND	Anver Amenta							
Name: B. O. A.	ACCIONAL SERVICE.	1 1							
Address: Charcle He, NC	1								
PART 5. REPORT List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m	ABLE LIABILITIES	and list the major							
areas of economic activity of each creditor. Do not list loans from a	relative. If none, check the box	ерогинд регіод, ала іїзі ине тнадог							
None		- The state of the							
Name and Address of Creditor		Principal Type of Economic Activity of Creditor							
Name:	And the second s	i der eine der der eine der der der der der der der der der de							
Address:									
Name:		Audolessan on experience (Sept. 1984). Sept. 1984 (Sept. 1984)							
Address:		***							
	RTABLE GIFTS								
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more t	han \$300 from a single source. If							
None	of the state of th	ar varagamente per tradicionamente i monomonio con consensi tradicio i i i i i i i i i i i i i i i i i i							
Name of Source of Gift 1. ALEC Sholarship Desember 2008 Conference	Name of So 3.	ource of Gift							
ALEC Desember 2008 Conference		**************************************							
Man Man	4-								

PART 7. REPORTA	ABLE H	ONOR	ARIA	
List the source of any honoraria accepted for appearances or speed	hes relat	ed to yo	our off	icial duties. If none, check the box.
None		were the second of the second of the		
Name of Source of Honoraria			N	ame of Source of Honoraria
1.	3.			
2.	4.			
PART 8. REPRESENTATION	BEFOR	RE STA	ATE/	AGENCIES
List each executive branch agency before which you represented the box-	or assiste	ed other	rs for	compensation of any amount. If none, check
None		usanner anaenee anaeneen	aucus es es contra es es es estado en	
Name of Agency				Name of Agency
1.	3.			
2.	4.	odnovo o nederiline ki kolitičih vodeb	enerov od inich ir redneširi	
PART 9. BUSINESS W	ITH ST	ATE A	GENO	CIES
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immed	liate far	nily sc	old goods or services with a value in excess of
None				
Name of Agency		COLLEGE DATE OF THE STREET		Name of Agency
1.	3.			·
2.	4.			
PART 10. INCOME RECEIVED BY	МЕМВЕ	RS OF	- IMM	EDIATE FAMILY
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.				
Type of Economic Activity Representing Source of Income Recei	ived	Circ appro lett	priate	Kind of Income
1. State Legislator	Ć	\mathfrak{S}	D	Emplayment
2.		s	D	
3.		s	D	ag interpretation of the control of
4.		S	D	
SIGN/	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 t				

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)

Signature

buray 2009

Date 7

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