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.

LEG	ISLATOR INFORMATION				
Name		Member of:			
FUZABETH M. SC	HNFOER	☐ House ☐ Senate			
Mailing address		District			
Mailing address  55 BENNOCH					
City, zip code		Phone LAND LINE			
		207 866 7359			
PART 1. INCOME DEF	RIVED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employer from principal type of economic activity of each employer	om whom you received compensation of	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
		Activity of Littleyer			
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	·				
	DERIVED FROM SELF-EMPLOYMEN	T			
A. List the name and address of your business	slators who are self-employed.)  if any, and list the major areas of ec	conomic activity from which you			
derived income. If associated with a partnership, areas of economic activity of that entity.	firm, professional association, or similar	ar business entity, list the major			
	Major Areas of Economic Activity	Major Areas of Economic Activity			
Name and Address of Business Entity	(self)	(partnership, association or similar			
Name and Address of Business Entity		business entity)			
Name and Address of Business Entity  Name:		business entity)			
		business entity)			
Name:		business entity)			

PART 2 (continued). INCOME DEF (For Legislators who	RIVED FROM SELF-EMPLOYMI	∃NT
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 profe the entity or person from whom the income was derived.	presents more than 10% of your gro	ved such income. If this form of ipal 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:	handaludukkin japoholikilisi sistemaan miina maana miina polisista sistemaa sistemaa sistemaa miina maana miina maana miina maana miina maana miina mi	2002-00000000 American entre control c
Name:		
Address:	NAME OF THE PROPERTY OF THE PR	
PART 3. MAJOR AR (For Legislators who are		
List your major areas of practice. If associated with a law firm, list th		n.
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
· Name:		
Address: V/A		W 1
Name:		The second secon
Address:	12.	
PART 4. OTHER SO		
List each source of income of \$1,000 or more not listed in Parts 1, 2,	or 3 of this form. Do not include gif	ts. If none, check the box.
None	na kilah dan penganan menjangkan dan dan dan pengangan dan penganan menganan kemanan kemanan dan dan penganan	annannann men, seg men greg seg seg seg seg manannann men greg seg seg seg seg seg seg seg seg seg s
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: JAN - MARIE LINDHOLM		oning marken progress and the second
Name: JAN - MARIE L. NOFFICM  Address: 57 BENNEUM ROAD,	0 RONG 04477	RENT
Name:		
Address:		
PÅRT 5. REPORTA		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mo areas of economic activity of each creditor. Do not list loans from a r	re that you received during the repo elative. If none, check the box	orting period, and list the major
None	and the second s	ORTO BOLINE EN LA TERRA PROPRIA PER PER PER PER POLICIO DE LA COLONIA LA TERRA PER
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	740074100000000000000000000000000000000	
Name:		
Address:		
PART 6. REPOR		
List the specific source of each gift of more than \$300. Include gifts whome check the box	with an aggregate value of more tha	n \$300 from a single source. If
□ None	of white and the state of the s	desprivation and a material contract to the proof of the annual contract and the proof of the proof of the annual contract and the proof of the proof of the annual contract and the proof of the proof
Name of Source of Gift  1.	Name of Sour	ce of Gift
2.	**************************************	

in the

PART 7. REPORT.	ABLE H	ONO	RARIA		
List the source of any honoraria accepted for appearances or speed	ches relate	ed to y	our off	icial duties. If none, check the box.	
Name of Source of Honoraria					
			Ŋ	ame of Source of Honoraria	
1.	3.	attanoicostantanasoccicios	ONORRESSON AND STREET, CONTRACTOR OF THE STR		
2.	4.				
PART 8. REPRESENTATION					
List each executive branch agency before which you represented the box-	or assiste	d othe	rs for	compensation of any amount. If none, check	
None	// Anticontrol of the Control of the		vermanterennorman	01100010000000000000000000000000000000	
Name of Agency				Name of Agency	
1.	3.				
2.	4.				
PART 9. BUSINESS W					
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 immedi	iate fa	mily so	old goods or services with a value in excess of	
None	TOTAL STREET, CO.	······································	Administration	HARMANIAN ANTA-ANTA-ANTA-ANTA-ANTA-ANTA-ANTA-AN	
Name of Agency	N. S. C.			Name of Agency	
1.	3.				
2.	4.				
PART 10. INCOME RECEIVED BY		\$ :	9794 R		
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1, ed. Do not	,000 o 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 Received		Circ appro lett	priate	Kind of Income	
ı. NA		S	D		
2.		S	D	To the second of the registrate of the discrete second of the second of	
3.	**************************************	S	D		
4.	80	s	D		
SIGNA	ATURE				
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	abject to a	a fine	of \$10	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	the Com	ımissio ev Ge	on con neral	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)

Signature

NAME:					DATE:	ike dan mengangan mengan mengan mengan mengan berangan dan pengan sagan sagan sagan sagan sagan sagan sagan sa	на в менения в под при	<b>2</b>	**************************************
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ADDITIONAL INFORMATION									
Please provide any additional information you are providing.	information below	/ (and on	additional	sheets if n	eeded).	Indicate the	part or section	number	for the
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