Office: 242 State Street, Augusta, Maine



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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.

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Name ·			Member o			
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Mailing address	P.O. BOX 68	2	District	34		
City, zip code	Roger 2 Sh. P.O. Box 68 - Houlton m	e 04730	Phone 532	- 2003		
		DERIVED FROM EMPLOYM	ENT BY ANOTHER			
List the name and ac principal type of econ	ddress of each employer omic activity of each empl	from whom you received o	compensation of \$1,000 o	r more. Specify the		
	Employer	Address		Principal Type of Economic Activity of Employer		
State of (Sono	Maine atoi)	Augusta b	ne Sey.	Soter		
				СБССССССССССССССССССССССССССССССССССС		
	the state of the s	ME DERIVED FROM SELF- egislators who are self-emplo				
A. List the name and derived income. If as areas of economic act	ssociated with a partnersh	ess, if any, and list the maj- nip, firm, professional assoc	or areas of economic act lation, or similar business	ivity from which yo entity, list the maj		
	dress of Business Entity	Major Areas of Eco (self)	nomic Activity (partnersh	Major Areas of Economic Activity (partnership, association or simila business entity)		
lame: Reger ddress: PG-Box	L Shermae G82 Houston med	343: Agrication	ображения в нев мостоя поверхности образования в составления не подоставления в подавления в подавления в сост 	enter terrente en remante a retario de la filosofia de la retario de la retario de la retario de la retario de La retario de la retario d		
ame:	-		The state of the s	77777777777777777777777777777777777777		
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PAR	T 2 (continued). INCOME DE For Legislators wh	RIVED FROM SELF-EMPLO no are self-employed.)	YMENT
is greater, and specify the princip	erived from self-employment that repal type of economic activity of the ule, or an established code of prof	epresents more than 10% of your	r gross income or \$1,000, whichever derived such income. If this form of principal 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:	M. A.		The state of the s
Name:	f f size f t		
Address:		REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice.	If associated with a law firm, list t	The state of the s	r firm
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	nd Address of Firm	Major Areas of Pra (self)	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name: Address:	MA		
Name:	хоскиятичностичной 5° у такжей година в применения в при	THE PROPERTY OF THE PROPERTY O	TOWN TOWN TOWN THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN
Address:			
List each source of income of \$1	PART 4. OTHER SO ,000 or more <u>not listed</u> in Parts 1, 2	DURCES OF INCOME  2, or 3 of this form. Do not include	e gifts. If none, check the box.
☐ None	111111111111111111111111111111111111111	TO SECURIO CONTRACTOR AND THE SECURIO CONTRACTOR AND AND THE SECURIO CONTRACTOR AND THE SECURIO CONTRACTOR AND	and december 19 to 19
	Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Bawayan Address: A and the	Saving's BY on the Branel a Bank		(Properent)
Name: TO Worth	Bank .		(Divident)
Address: Hould	ten Brand		Viva
	PART 5. REPORT	ABLE LIABILITIES	
areas of economic activity of eac	ny <u>unsecured</u> loans of \$3,000 or m h creditor. Do not list loans from a	nore that you received during the relative. If none, check the box	reporting period, and list the major
None	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	NA		ACTAIN OF CHECK
Address: Name:	,		
Address:			
	PART 6 REPC	RTABLE GIFTS	
List the specific source of each gi none, check the box	and the second s		than \$300 from a single source. If
None Name of So	Nurce of Gift		College of Cita
1.	W R	Name of 3.	Source of Gift
2.	7 8 80 (178 8 17) 200 (189 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4.	USBOOKOUSAANIAINEN HARRIAANIAINEN HARRIS SYNYY TOOKOUSEN TOOKOUSEN ALIANIAANIA HARRIAANIA SOOKO SOOKA

PART 7. REPORT	TABLE HO	NOR	ARIA	
List the source of any honoraria accepted for appearances or spee	ches related	to yo	our offi	cial duties. If none, check the box.
None ·		-paragagaga		,
Name of Source of Honoraria			Na	ime of Source of Honoraria
1.	3.			
2.	4.			тин том от ден до до до городина
PART 8. REPRESENTATION	N BEFORE	STA	TE A	GENCIES
List each executive branch agency before which you represented the box.	or assisted	othe	s for c	compensation of any amount. If none, check
None	99000000000000000000000000000000000000	enter version services	2000 (Animalas - Animalas - Anima	
Name of Agency		serialis		Name of Agency
1. A 4 -	3.	izanan'nahanwwa	***************************************	
2.	4.			
PART 9. BUSINESS V	VITH STAT	E A(	SENC	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.	our immediate	e fan	nily sol	d goods or services with a value in excess of
None	entre annual de la companya de la c	MICHEL STUNE CONTROL		
Name of Agency		40.000.000		Name of Agency
1. W.A	3.			
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PART 10. INCOME RECEIVED BY	MEMBERS	OF	IMME	EDIATE FAMILY
List the type of economic activity representing each source of incoment (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1.00	00 or	more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Rece	ived ap	Circ pprop lette	riate	Kind of Income
1. Mamaga CLA Houlton me	(	$\mathbf{S}$	D	Palary
2.		3	D	
3.	30.000.0000000000000000000000000000000	3	D	STEEL SEEL AND THE
4.	<u> </u>	3	D	00000000000000000000000000000000000000
SIGNA	ATURE			
	A CONTRACTOR OF PROPERTY AND ADDRESS OF THE PARTY OF THE		ministrative services	
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a f	fine (	of \$10	per business day until the report is filed.
(1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If	f the Commi	issioi	onc	
(1 M.R.S.A. § 1017-A)  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 statement of the control of the c	f the Commi the Attorney	issioi Gen	n conc eral.	ludes that it appears that a Legislator has
(1 M.R.S.A. § 1017-A)  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 Commission determines that a Legislator has willfully failed	f the Commithe Attorney I to file a require	issioi Gen uired auesi	n conderal.	ludes that it appears that a Legislator has ment or has willfully filed a false statement, and shall be precluded from voting on any
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 Commission determines that a Legislator has willfully failed the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, a	f the Commithe Attorney I to file a require	issioi Gen uirec quesi t atte	n conderal.  I state ion are mpt t	ludes that it appears that a Legislator has ment or has willfully filed a false statement, and shall be precluded from voting on any

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NAME:		DATE:										
ADDRESS:												
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part of	or section	number	for the
Part/Section Number		and an enterior to the enterior of the enterio										
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