



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 yea	r 2008	CLEAN ST
LEGISLATOR INFORMATION		
Name Doborah Simpson	Member of: ☐ House 💢 Sei	nate
Mailing address 551 Turner 8t.	District 15	
City, zip code Awarn 042/0	Phone 777-/37	<u>'</u> -0
PART 1. INCOME DERIVED FROM EMPLOYMENT BY AN	OTHER	2 30 1 1.8 2 3 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
List the name and address of each employer from whom you received compensation principal type of economic activity of each employer.	n of \$1,000 or more. Spec	cify the
Name of Employer Address	Principal Type of Econ Activity of Employe	
State of Maine 2 state House Station	Gov	
	e et en en general et en	
		The state of the s
PART 2. INCOME DERIVED FROM SELF-EMPLOYME (For Legislators who are self-employed.)	NT	
A. List the name and address of your business, if any, and list the major areas of derived income. If associated with a partnership, firm, professional association, or sin areas of economic activity of that entity.		
Name and Address of Business Entity  Major Areas of Economic Activity (self)	Major Areas of Econo Activity (partnership, association or business entity)	
Name:	The control of the co	and it shall destroyed
Address:		· · · · · · · · · · · · · · · · · · ·
Name:	:	
Address:	4	

PART 2 (continued): INCOME DERIVED FROM SELF EMPLO (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the particle of the entity or person from whom the income was derived.	derived such income. If this form of a 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:	the state of the s
Name:	The state of the s
Address:	
PART 3. MAJOR AREAS OF PRACTICE  (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	var forlier and in a managed from the property for the property of the propert
Name and Address of Firm Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name:	
Address:	manakan kali kali kali kali kali kali kali kali
Name:	
Address:	
PART 4. OTHER SOURCES 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	le gifts. If none, check the box.
None	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
PART 5 REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	e reporting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	e than \$300 from a single source. If
None None	e modelik 1889 (h.), gez so we work is modelike si 1887, A Sandanbernadokowe kin nijihike 1992 -
The second secon	F Source of Gift
The same of the sa	yan ya ali kun sunsu isi san sa angan anga na maja, yak muyaka i ah, ahakan in k'i dan ayakanyakka managathan
2. 4.	

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PART 7. REPORT	ABLE HONORARIA
List the source of any honoraria accepted for appearances or speed	ches related to your official duties. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATION	BEFORE STATE AGENCIES
List each executive branch agency before which you represented the box.	or assisted others for compensation of any amount. If none, check
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS W	ITH STATE AGENCIES
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 family sold goods or services with a value in excess of
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 10. INCOME RECEIVED BY I	MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1,000 or more received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Recei	Circle ved appropriate Kind of Income
1. Manufacturing management	- (S) D Employment
2. Real Estate	(S) D Rent
3. Asid Service	s (D) em Ola ment
4.	S D
SIGNA	TURE
A Legislator who willfully fails to file a required statement is sul (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	the Commission concludes that it appears that a Legislator has
Ten O	( F)

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.SA. § 1019)

Signature

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ADDRESS:					***************************************	***************************************		A Commission of the Commission			***************************************		1
				ADDI	TIONAL IN	IFORMAT	ION						
Please provide any a information you are pr	additional oviding.	informatio	n below	(and on	additional	sheets i	f needed).	Indicate	the part	or sec	tion nun	nber fo	or the
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