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.

☐ Please check if this is an update to a previously fil	led statement for the calendar year 2	2008.					
LEGISL	ATOR INFORMATION						
Name  Nancy B. Sulli  Mailing address	VAN	Member of:  ☐ House					
20 Westwood	4 De	4					
City, zip code Brade ford ME	04005	(207) 282-5594					
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY ANO	THER					
List the name and address of each employer from v principal type of economic activity of each employer.	whom you received compensation of	of \$1,000 or more. Specify the					
Name of Employer	Name of Employer Address						
City of SACO Sac	04072	Teacher					
State of ME Aug	usta 04333	Senator					
	•						
	RIVED FROM SELF-EMPLOYMENT ors who are self-employed.)	T					
A. List the name and address of your business, if a derived income. If associated with a partnership, firm areas of economic activity of that entity.	any, and list the major areas of ec n, professional association, or simila	onomic 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:							
Address:	Company of the control of the contro	The state of the s					
Name: Address:	Windows Common C						
	<u>p</u> .						

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYN	IENT
(For Legislators where the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profit the entity or person from whom the income was derived.	entity or person from whom you de	rived such income. If this form of acipal 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:	or tax nucles which	
Name:		
Address:		
	REAS OF PRACTICE e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t		
Name and Address of Firm	Major Areas of Practi (self)	many property (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975) (1975)
Name:	ACACACACACACACACACACACACACACACACACACAC	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Address:	in the state of th	100 y
Name:	The second secon	2240.0444-09-04-09-09-09-09-09-09-09-09-09-09-09-09-09-
Address:	THE STATE OF THE S	et y
PART 4. OTHER SO	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	A THE THE PARTY OF	ifts. If none, check the box.
None	AANAMINA JAMBAN AMINGSON (SISSA AANAM TEEN), VIII AANA — NAAMINGSON AMINGSON ANG SISSA AANAMISTAA AANAMAANAMAA AANAMISTAA	\$
Name and Address of Source		Kind of Income
	And the second s	(investments, leases, etc.)
Name:		
Address:		
Name:	and the second s	
Address:		
PART 5. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that you received during the re	porting period, and list the major
None	relative. If hone, check the box	\$
0.00000000000000000000000000000000000	V construction to the P 19 (20,000 C) (20,000 data with a construction to the C of C S S S S S S S S S S S S S S S S S S	Principal Type of Economic
Name and Address of Creditor		Activity of Creditor
Name:		
Address:		
Name:		ANNO ANNO ANNO ANNO ANNO ANNO ANNO ANNO
Address:		
PART 6 REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box		an \$300 from a single source. If
None	**************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of Source of Gift.	Name of So	urce of Gift
1.	3.	BB material material and the second material s
2.	30000344000444444444444444444444444444	

PART 7. REPORT.	ABLE H	IONOI	RARIA		
List the source of any honoraria accepted for appearances or speed			And the second		
None				The state of the s	
Name of Source of Honoraria		The second secon	A.	ame of Source of Honoraria	
1.	3.				
2.	4.	особобот эн с-ти <b>ни</b>		and the second second section of the second	
PART 8. REPRESENTATION	I 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	E-Minterconnection and an artist and an artist and artist artist and artist artist and artist artist and artist artis	WY 2004Y 200000000004004004			
Name of Agency	Action (1) Control			Name of Agency	
1.	3.				
2.	4.	Y SENSON DECEMBER AND	eesterierierikaisesississis	, American de contracto de cont	
PART 9. BUSINESS W	/ITH ST/	ATE A	GEN(	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.	ur immed	liate fa	mily so	old goods or services with a value in excess of	
None		F./80/804	**************************************		
Name of Agency	Autorian de la company	100 mm 10	**************************************	Name of Agency	
1.	3.				
2.	4.			**************************************	
PART 10. INCOME RECEIVED BY I	MEMBE	RS O	= IMM	EDIATE FAMILY	
List the type of economic activity representing each source of incore (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1 d. Do no	,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 Received		Cir appro leti	priate	Kind of Income	
1 State of Maine Document	RK	S	D	Wages	
State of Maine Document  2. Unemployment	NAME AND ADDRESS A	s	D	compensation	
3.		S	D		
4.	***************************************	S	D	34444	
SIGNA	TURE				
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	bject to	a fine	of \$16	0 per business day until the report is filed.	

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

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

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Please provide any a information you are pro	idditional i oviding.	nformation	below	(and on	addition	nal sheets	if needed).	Indicate	the part	or section	number	for the
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