

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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JAN 3 0 2009

MAINEETHICS COMMISSION

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 year 2008.									
- LEGISLATOR INFORMATION									
Name	Member of:								
Arnold David Trahan	☐ House	☑ Senate							
Mailing address	District 20	,							
Arnold David Trahan Mailing address 2084 Washington Rd.		***************************************							
City, zip code U Waldobow Me. 04572	Phone (207) 832-4135								
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	Principal Type of Economic Activity of Employer								
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	RIVED FROM SELF-EMPLOYMEN								
(For Legislators who are self-employed.) A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Acti (partnership, ass	of Economic vity ociation or similar s entity)						
Name: David Trahan Address: 2084 Washington Rd	Logging								
Name:									
Address:		* was a second of the second o							

	RIVED FROM SELF-EMPLOYMEN to are self-employed.)	ſ
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	entity or person from whom you derived	such income. If this form of
Name and Address of Source	Acti	rincipal Type of Economic vity of Entity or Person Who the Source of the Income
Name:	rman meny and thinks in interior an emission recovery manage year land with his industrial and in the contract of the contract	organis organis (1995) (1964)
Address:	900 C	
Name: -	Afficia (M. M. Market) in the control of the contro	BB 1885 BB 1886
Address:	*1 * MEGA AAGE	
	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list	re attorneys-at-law only.) the major areas of practice of your firm	
Name and Address of Firm	Major Areas of Practice	Major Areas of Practice
	(self)	(firm)
Name:	* 4.300 X 3.000 X 3.00	
Address:	overthermore and a contract of the contract of	мер филиментического поставления и поставления в принцентического поставления в
Name:	D. D	
Address:	5 5 4 2	
	DURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> 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	į (i	Kind of Income vestments, leases, etc.)
Name:		t de la compresenta d La compresenta de la
Address:	ACED TO ACED TO	
Name:		
Address:	ia manda Kalassai.	
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	nore that you received during the reporti	ng period, and list the major
None		
Name and Address of Creditor	Pri	incipal Type of Economic Activity of Creditor
Name:	A Commission of the Commission	
Address:		
Name:		
Address:		
PART 6. REPO	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 than \$	300 from a single source. If
□ None	- TO COMPANY CONTROL OF THE CONTROL	AN CHAIR AN
Name of Source of Gift	Name of Source	of Gift
1.	3.	•
2.	4.	TO CONTROL COLOR DE COMPANIO DE COMPANIO DE COMPANIO DE LA COLOR DE COMPANIO DE COLOR DE COLOR DE COLOR DE COL

PART 7. REPORT List the source of any honoraria accepted for appearances or speed		ministration in the second	
None	JIES related to 3	Our Ons	Dal duties. If finite, theta are not.
Name of Source of Honoraria		Ne	ame of Source of Honoraria
1	3.		
	2004 Г _{ентент} он сремских умеранизментор объектор и при при при при при при при при при	AMP CI VETTERBOOKOOSINSI: 1000	CONSISTENCIA CONTROL C
2.	4.		
PART 8. REPRESENTATION		111111111111111111111111111111111111111	
List each executive branch agency before which you represented the box.	or assisted otne	ers for c	compensation of any amount. It none, check
None			
Name of Agency			Name of Agency
	3.	· · · · · · · · · · · · · · · · · · ·	
2.	4.		Anti-haming-definite distance of the control of the
PART 9. BUSINESS V	VITH STATE 4	GENC	JES
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 fa	mily sol	d goods or services with a value in excess of
None	YORKORINA MARKANIA MARKANIA AMBANDA AM	vereninskamikurskamurik	Internatival and a state of the control of the cont
Name of Agency		(graphs of the south substance), the south substance of the south s	Name of Agency
1.	3.		•
2	4.		NEXT CONTROL OF CONTRO
PART 10. INCOME RECEIVED BY	MEMBERS O	F IMM!	FNIATE FAMILY
List the type of economic activity representing each source of incc (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1,000 o	or more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Rece	eived appro	rcle opriate tter	Kind of Income
1.	S	D	and in a management of Family Saudy and a second a second and a second a second and
2.	S	D	
3.	**************************************	Ď	
4.	S	D	
SIGN	ATURE		
A Legislator who willfully fails to file a required statement is su		 • ∩f \$1(ner business day until the report is filed.
(1 M.R.S.A. § 1017-A)	ibjoor in i	υ , φ.,	per business day and die report is mea-
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	the Commission the Attorney Ge	on conc eneral.	cludes that it appears that a Legislator has
If 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 (1 M.R.S.A. § 1019)	t on every ques	stion ar	ind shall be precluded from voting on any
Al Thomas			11-1-
Signature		***************************************	7/29/09 Date

NAME:	DATE:							9 / C:				
ADDRESS:	1996 his bishirik bishirik anang mangkan menghada di diliging nganggara,	T (A SECTE ET L'A SECTION P ORTI MINATION A A A A A SECTION A A A A A A A A A A A A A A A A A A A			M. M. Mariana and M.	фонутура үч обранов (1966) (1966) «Вой и и и и и и и и и и и и и и и и и и и		nary (nari-monarata na anggayayaya) na na na naggayayayaya	rene de establicación incomence accuminos (1) est	NOTE OF THE PARTY	orania anticona anticona anticona de la constantina de la constantina de la constantina de la constantina de l	**************************************
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if ne	eeded).	Indicate the	part or	section	number	for the
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