Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

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.

	SLATOR INFORMATION				
	SEATOR INFORMATION				
Name		Member of:			
LaCol Weston		☐ House ☐ Senate			
Mailing address	·	District			
154 Choate Goad		23			
City, zip code		Phone			
Montuille 04941	589-4481				
PART 1 INCOME DEED	(ENERGY ELEMENT				
A second	VED FROM EMPLOYMENT BY ANO				
ist the name and address of each employer from principal type of economic activity of each employer.	whom you received compensation of	of \$1,000 or more. Specify			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
State of Maine		Leais lator			
THE COLUMN TO TH					
	99779000000000000000000000000000000000	ACUSE CASA-ARRIYAY (1980) 000 000 000 000 000 000 000 000 000			
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. Action and the contract of t	and the second s				
PART 2. INCOME DI	ERIVED FROM SELF-EMPLOYMENT				
List the name and address of your business, if	tors who are self-employed.)				
chied medine. Il associated with a partnership, iir	m, professional association of similar	priomic activity from which y			
reas of economic activity of that entity.		, ,			
	Major Areas of Economic Activity	Major Areas of Economic			
Name and Address of Business Entity	(self)	Activity (partnership, association or simi			
		business entity)			
ame:	. M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
dress:	780000 (
ame;	And design the state of the sta	.			

PART 2 (continued). INCOME DERIVI (For Legislators who are		η · · · · · · · · · · · · · · · · · · ·
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity disclosure is prohibited by law, rule, or an established code of profession the entity or person from whom the income was derived.	sents more than 10% of your gross	d such income. If this form of
Name and Address of Source	Ac	Principal Type of Economic livity of Entity or Person Who is the Source of the Income
Name:	·	•
Address:		Plateron den et menet en la tradit fact de secucionis de desenvolves de la companya por secuciones de la colon
Name:	Parabayu u war	
Address:		·
PART 3. MAJOR AREA (For Legislators who are att	the same of the sa	Land and the second
List your major areas of practice. If associated with a law firm, list the m	ajor areas of practice of your firm.	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		
Address:	7. T.	411111111111111111111111111111111111111
Name:		THE REAL PROPERTY AND ADDRESS OF THE PROPERTY
Address:	4 17-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	entre in the second sec
PARTA, OTHER SOUR	The state of the s	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	3 of this form. Do not include gifts.	If none, check the box.
LI None		
Name and Address of Source		Kind of Income investments, leases, etc.)
Name: Metlife	T COLUMN TO THE	
Address: P.O. Box 358447, Titsburgh	LPA 15252 ins	surance ? investim
Name: Horace Mann	n en indra voyas so	
Address: P.O. Box UUST, Spring field 1	THE RESERVE OF THE PERSON OF T	nnuity
PART 5, REPORTABL		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more tareas of economic activity of each creditor. Do not list loans from a relativity	ive. If none, check the box	ing period, and list the major
None		, manusinan
Name and Address of @reditor	į.	rincipal Type of Economic Activity of Creditor
Name:	ing and a second control of the second s	
Address:	WAARIA AA	
Name:	**************************************	
Address:	17 Parastalando	
PART 6. REPORTA	The state of the s	
List the specific source of each gift of more than \$300. Include gifts with none, check the box	an aggregate value of more than	\$300 from a single source. If
We Amended report-	BANKER (COST STANDY STORE STANDER COST COST COST COST COST COST COST COST	BOOM MATERIAL ACCESSOR OF THE CONTRACT OF THE
Name of Source of Gift	Name of Source	of Gift
1. ALEC- American Legislative Exchange 3.	PATROPOS PARILLES AND	
2. Chuncil 4.	The strategy of the strategy o	

PART 7. REPOR			
List the source of any honoraria accepted for appearances or spec			
None		Comment of the comment	
Name of Source of Honoraria		***************************************	Name of Source of Honoraria
1.	3.		
2.	4.	30000000000000000000000000000000000000	######################################
PART 8. REPRESENTATIO	N BEFORE ST	ATE	AGENCIES
List each executive branch agency before which you represented the box.	or assisted other	rs for	compensation of any amount. If none, check
None	11000000000000000000000000000000000000	**************************************	NAMES (STATE OF THE STATE OF TH
Name of Agency			Name of Agency
1.	3.		
2.	4.	www.comeditions.	
PART 9. BUSINESS V	MITH STATE 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.			
None	managalisettaainmuunomaaammaaaa	CLEE STATE OF THE	THE BROWN WITH THE CONTROL OF THE PROPERTY OF
Name of Agency		Appropriate photogram	Name of Agency
1.	3.		
2.	4.	coccasional habitation and property con-	GCCGCANA exempleCCCCCANA de see ano accidication anno ancidence and accident exemple CCCCANA de annotation de accident exemple CCCCANA de accident exemple acc
PART 10. INCOME RECEIVED BY	MEMBERS OF	IMM	EDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1,000 or	more	roopiyad by years and
Type of Economic Activity Representing Source of Income Rece	Circl elved appropr lette	riate	Kind of Income
1 Education (Principal)	(s)	D	Enployment
2.	S	D	the first that the second
3.	S	D	State to a second state of the second
4.	S	D	
SIGN	ATURE		
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a fine c	of \$10	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 t	the Commission the Attorney Gen	ı con eral.	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.

Signature

Date

NAME:	DATE:											
ADDRESS:		And the second s	PHTTSSSASS (ethnodosomo		MATERIA (Care de la companio de la constitución de la constitución de la constitución de la constitución de la	Period (Charles) (Charles) and Charles and		ned the little and the little to the second promoting propagation propagation (second propagation) and the little second propagation (second propagation) and the second propagat	ramonente en	annon ann ann ann ann ann ann ann ann an	interviewe in the second s	
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part	or section	number	for the
Part/Section Number												
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