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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
 Mail: 135 State House Station, Augusta, Maine 04333
 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.**

Please check if this is an update to a previously filed statement for the calendar year 2008.

LEGISLATOR INFORMATION

| | |
|---|---|
| Name <i>Meredith D. Strong Burgess</i> | Member of: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing address <i>155 Tuttle Road</i> | District <i>108</i> |
| City, zip code <i>Cumberland, Me 04021</i> | Phone <i>207-829-6264</i> |

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 | Address | Principal Type of Economic Activity of Employer |
|----------------------------|--|---|
| <i>Burgess Advertising</i> | <i>1290 Congress Street Portland</i> | <i>Advertising Agency</i> |
| <i>State of Maine</i> | <i>Augusta</i> | <i>regulator</i> |
| | | |

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT
 (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) | Major Areas of Economic Activity (partnership, association or similar business entity) |
|-------------------------------------|---|--|
| Name: Address: | | |
| Name: Address: | | |

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

| Name and Address of Source | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income |
|----------------------------|---|
| Name: Address: | |
| Name: 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 your firm.

| Name and Address of Firm | Major Areas of Practice (self) | Major Areas of Practice (firm) |
|--------------------------|--------------------------------|--------------------------------|
| Name: Address: | | |
| 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 gifts. If none, check the box.

None

| Name and Address of Source | Kind of Income (investments, leases, etc.) |
|---|--|
| Name: Rental Property located at (Office Building) Address: 1290 Congress St, Portland, Me 04102 | Rental |
| Name: Rental Property located at (House) Address: 1296 Congress St, Portland, Me 04102 | Rental |

PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.

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 than \$300 from a single source. If none, check the box.

None

| Name of Source of Gift | Name of Source of Gift |
|------------------------|------------------------|
| 1. | 3. |
| 2. | 4. |

NAME:

DATE:

ADDRESS:

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section
Number

| | |
|--|--|
| | |
|--|--|