

2008 Calendar Year



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2008 STATE REPORT 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.

Name		Member of:	
Jerral J. Plowman		<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	
Mailing address		District	
PO Box 468		33	
City, zip code		Phone	
Hampden, ME 04444		207 862 6011	

Name	Employer	Address	Principal type of economic activity of Employer
PDR DORR 589 MRN Hampden	ME		Sales & inspection garages
Macy's I Coffee Ne State of N	Inc	Bangor Mall Blvd, Bangor PO Box Brewer, ME	Retail Sales Sales - advertising legislation

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 you are associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name:	
Address:	
Name:	
Address:	

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PART 2. REPORTABLE INCOME DERIVED FROM SELF-EMPLOYMENT

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	Percentage of Total Income	Principal Type of Economic Activity	Name of Person Who Derived Income
Name: n/a Address: n/a			
Name:			
Address:			

PART 3. MAJOR AREAS OF PRACTICE

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
Name: n/a Address: n/a	
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.

<input checked="" type="checkbox"/> None	
Name and Address of Source	Amount of Income (Less Deductions, etc.)
Name:	
Address:	
Name:	
Address:	

PART 5. REPORTABLE UNSECURED DEBTS

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 area of economic activity of each creditor. Do not list loans from a relative. If none, check the box.

<input checked="" type="checkbox"/> None		
Name and Address of Creditor	Amount of Debt	Major Area 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.

<input checked="" type="checkbox"/> None	
Name of Source of Gift	Amount of Gift
1.	
3.	
4.	

PART 7. REPORTABLE HONORARIA

List the source of honoraria accepted for appearances or speeches related to your official duties. If none, check the box.

None

1.	3.
2.	4.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive of each agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None

1.	3.
2.	4.

PART 9. BUSINESS WITH STATE AGENCIES

List each executive of each agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.

None

1. Dept of Transportation	3. Agriculture
2. IF4	4. /

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or by dependents.

Type of Economic Activity Representing Source of Income Received	Circle "S" for Spouse or Dependent	Circle "D" for Other	Kind of Income
1. management	(S)	D	Salary
2. food prep	S	(D)	hourly
3.	S	D	
4.	S	D	

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of \$ 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 failed to file a required statement or has willfully filed a false statement, the Commission shall presume that the Legislator shall have a conflict of interest on every question and shall be precluded from voting on any question in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

Bruce P. Roman
 Signature

February 17, 2009
 Date