| 8 ⊠ | Yes | child because nduct. | sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct. | " income, trans st consulted v | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on |
|-----------------------|---|--|--|-----------------------------------|---|
| No No | Yes | d trusts" need not | of Official Conduct and certain other "excepted pouse, or dependent child? | on standards | TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? |
| S | QUESTIONS | OF THESE Q | INFORMATION — ANSWER EACH O | T INFOR | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST |
| the onse. | wered and 'Yes" respo | must be ansied for each " | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | O _N | V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. |
| 8 | Yes | arrangement with | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | S _S | IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. |
| | Yes | or before the date | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | S S | III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. |
| š × | Yes | d receive any in the reporting e)? | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | × × | II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. |
| ĕ ⊠ | Yes | receive any regating more | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | ₹ | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I. |
| | | | E QUESTIONS | OF THES | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS |
| assessed nore than | \$200 penalty shall be assessed ainst anyone who files more than days late. | A \$200 penalty shall be assessed against anyone who files more than 30 days late. | re Employing Office: Termination Date: | Officer or Employee | Filer Status Member of the U.S. State: MAXINE House of Representatives District: Report Type Annual (May 15) Amendment |
| ASSESSION NES | (Office Use Only) | | | j | |
| CENTER | LEGISLATIVE RESOURCE CENTER 2009 MAY 15 PM 4: 05 | LEGISLATI | 202. Daytime Telephone: 725.61)6 | Daytime 1 | Name: Chellie Pingree. |
| | | MAN NAM | רי use by Members, officers, and employees | MENT | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT |

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

| Exclude: | Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | ts received under the Social Sec | curity Act. |
|------------|--|----------------------------------|-------------|
| | Source | Туре | Amount |
| | | Approved Teaching Fee | \$6,000 |
| | State of Maryland | Legislative Pension | \$9,000 |
| L'Admpies. | Civil War Roundtable (Oct. 2nd) | Spouse Speech | \$1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| NA | | | |
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| Page 1 of |

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

| Conduct. A green envelope for transmitting the list is included in each Member's filing package. | er's filing package. | | |
|--|----------------------|---------------|---------|
| Source | Activity | Date | Amount |
| Association of American Associations, Washington DC | Speech | Feb. 2, 2008 | \$2,000 |
| Examplies: XYZ Magazine | Article | Aug. 13, 2008 | \$500 |
| NR | | | |
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Asset and/or Income Source

BLOCK A

SCHEDULE III—ASSETS AND "UNEARNED" INCOME BLOCK B BLOCK C

Block A. For additional information, of its activities, and its geographic location in period. For an active business that is not publicly account and its value at the end of the reporting income during the year. For rental property or od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Instruction booklet. traded, state the name of the business, the nature not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments) plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use land, provide a complete address. Provide full which generated more than \$200 in "unearned" Identify (a) each asset held for investment or pro-(i.e., plans in which you have the power, even if see the ➣

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Exclude: Your personal residence(s) (unless interest in or income derived from U.S. Government retirement programs. less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child there is rental income); any debt owed to you by

dependent child (DC) or is jointly held (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Over \$50,000,000

SP,

S_P

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

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RNOO.

Money Market

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Value of Asset

please specify the method used method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting "None." year and is included only because it

ing th indicate the type of income by checkall other assets including all IRAs, not allow you to choose specific investments, you may write "NA." For retirement plans or accounts that do Check all columns that apply. For

Type of Income

checking the appropriate box below indicate the category of income by ments, you may write "NA" for income. For all other assets, including all IRAs, not allow you to choose specific invest-For retirement plans or accounts that do

Amount of Income BLOCK D sales (S), or purchases (P), asset had Indicate if the **Fransaction** BLOCKE 3 πǵyear. Ş ges (E)

| | | | | >< | | | | NONE | Che Che |
|-------------------|---|---|---|----------|---|-----------|-------------|--|--|
| | | | | | | | × | DIVIDENDS | yini g t ister neck |
| | X | × | × | | × | | | RENT | the the dend |
| | × | × | × | | | | | INTEREST | indicate the typindicate the typindicate and middle and and wested, should Check "None" it are any income |
| | " | | | | | | × | CAPITAL GAINS | e type of ince appropriate and interest and be list nould be list one" if asset come during |
| | | | | | | | | EXCEPTED/BLIND TRUST | riat tere tere tsse uring |
| 28/87 4*54:182 | | | | , | | Royalties | | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Indicate the type of income by checking the appropriate box below. Dividends and interest even if reinvested, should be listed as income. Vested, should be listed as income. Check "None" if asset did not generate any income during calendar year. |
| × | × | × | × | ❈ | | | ; | None – | 역 및 등 모음 |
| | | | | | | | | \$1 - \$200 = | checking the appropriate box below Dividends and interest, even if rein- vasted should be listed as income Check "None" if no income was earned or generated. |
| | | | | | | | | \$201 - \$1,000 = | mng "No |
| | | | | | | | × | \$1,001 – \$2,500 < | g the alds and should holds and should holds hol |
| | | | | | | | | \$2,501 - \$5,000 < | :: : : : : a a a a a a a a a a a a a a a a |
| | | | | | × | | | \$5,001 - \$15,000 ≤ | appropriate box below, dinterest, even if reinded he listed as income if no income was earned |
| | | | | <u> </u> | | | | \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ | priate irest, e listad ncome |
| | | | | | | | | | ever e wa |
| | | | | | | × | | \$100,001 - \$1,000,000 | as in it |
| | | | | | | | | \$1,000,001 - \$5,000,000 | if rein- income s earned |
| | 1 | | | | | | | Over \$5,000,000 ≚ | e jo ⊋ ≤ |
| | | | | | | | S (partial) | If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E | exchanges (E) exceeding \$1000 in reporting year. |

Nebo Bad Estate, LLC

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North Haven

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Atel Caputal Eguipment

National my Credit for

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Wells Real Estate Find

Continuation Sheet (if needed) Ξ Ŋ, SP, Asset and/or Income Source Hawan, ME ___AGGETG AND "UMEADAND" INCOME M ⋗ None $\boldsymbol{\varpi}$ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,0C0 Year-End BLOCK B חד \$100,001 - \$250,000 E E \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 __ \$5,000,001 - \$25,100,000 ㅈ \$25,000,001 - \$50 000,000 Γ" Over \$50,000,000 NONE DIVIDENDS RENT × INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLINE TRUST -Other Type of Incorne (Specify) None \$1 - \$200 Amount of income \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Fage ___ ul_ Transaction BLOCK E ரைலர

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SCHEDULE IV- TRANSACTIONS

| | | | | | | | | | | | National Financial Service Trad 18th | Example: Mega Coporation | SP DC JT Asset | sold, please so indicate (i.e., "partial sale"). See example below. | transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is | amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange | Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, | SCUEDOFE IA I UNIVERSACTIONS |
|---|---|-------------|---|--|------|-------------|--|---|------|-------|--------------------------------------|--------------------------|----------------|---|---|---|--|------------------------------|
| | | | | | | | | | | | | | | | PURCHAS | E | of Tr | |
| Ì | | | | | | | | | | | × | × | | : | SALE | | Type of Transaction | |
| İ | | | | | | · · · · · · | | | | _ | | | | | XCHANG | E | ction | |
| | | | | | | | | | | • | 5/20/25 | 10-12-08 | | | Quarterly, Monthly, or Bi-weekly, if | (MO/DAY/YR) or | Date |]][|
| | | | | | | | | | | | | | | \$1 | 001- 5,000 | Œ | | |
| | | | | | | | | | | | × | × | - | \$5 | 5,001- 0,000 | ဂ | | |
| | | | | | | | | | | | | | \downarrow | \$1 | 0,001- | 0 | Amo | $\ $ |
| | | · | | | | | | | | | | | | \$2 | 00,001- 50,000 50, 001- | П | unt (| |
| | | | | | | | | | | | | | | \$5 | 00,000 | | of Tr | |
| | | | _ | | | | | | | | | | - | \$ 1 | 000,000 | _ | ansa | |
| | | | | | | | | | | | | | _ | \$5 . \$5. | 000,000 D00,001- | | Amount of Transaction | } |
| ŀ | _ | | | | | | | : | | I | | | | \$2 | 5,000,000 5,000,001 | | - | |
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SCHEDULE V— LIABILITIES

business in which you own an interest, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a Name Page V of V

| | - | | | | | , | |
|-------------|------------------------------------|-------------------------------------|---|---------------------------------|-------------------|----------|---------------------|
| | | | | JT | DC, | | |
| | Camden National Bank, Rockland, Mc | Counden National Bank, Rockland, ME | Example: First Bank of Wilmington, Delaware | | Creditor | | |
| | Markey on Nebo Longs | Millen Law NH Mann | Mortgage on 123 Main St., Dover, Del. | | Type of Liability | | |
| | | | | \$10,00° \$15,000 | | 7 | |
| | | | | \$15,00 \$50,000 | | 2 | |
| | | | | \$50,00° \$100,00 | 0 |] | |
| | × | × | × | \$100,00 \$250,00 | 20 ' | <u> </u> | Amou |
| | , | , | | \$250,00 \$500,00 | 0 | n | int of |
| | | | | \$500,00 \$1,000, | 000 | G | Amount of Liability |
| | | | | \$1,000, \$5,000, \$5,000 | 100 | = | ₹ |
| | | | | \$25,000 \$25,000 | 000 | | |
| | | | | \$50,000 Over | 000,0 | | |
| | | | | \$50,000 | 000 (| ^[| |

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

| Source | Description | Value |
|---|--|-------|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | \$345 |
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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act, inaverprovided to a

spouse or dependent child that is totally independent of his or her relationship to you

| | Source | Date(s) | City of Departure—Destination— City of Return | Lodging? (Y/N | Food? (Y/N | Was a Family Member Included? (Y/N) | Number of days not at sponsor's expense |
|---------------|--------------------------|-----------|--|------------------|---------------|---|---|
| Examples: Chi | cago Chamber of Commerce | Mar. 2 | DC—Chicago—DC | Z | z | Z | None |
| | Roycroft Corporation | Aug. 6–11 | DC—Los Angeles—Cleveland | Υ | ~ | ~ | 2 Days |
| KW | | | | | | | |
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SCHEDULE VIII—POSITIONS

Name Page ©

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

| Position | Name of Organization |
|-------------------|---|
| Othrer | Nelso Lodge, Inc. |
| Other | Notro lodge lead Estate |
| Triuster/director | The Stories |
| wstu/director | Centor for Community + Corporate Educis |
| | |
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SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
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