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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
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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>Philip L. Bartlett II</i>	Member of: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address <i>141 South Street</i>	District <i>6</i>
City, zip code <i>Braham 04038</i>	Phone <i>839-7827</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>Scaccia, Larkowski, Aronson & Bartlett</i>	<i>P.O. Box 929 Sanford, ME 04077</i>	<i>Legal Services</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: <i>Philip L. Bartlett II, Esq.</i> Address: <i>141 South St, Braham 04038</i>	<i>Legal Services</i>	<i>Legal Services</i>
Name:		
Address:		

PART 7. REPORTABLE HONORARIA

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

None

Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

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

None

Name of Agency	Name of Agency
1. Workers Compensation Board	3.
2. Human Rights Commission	4.

PART 9. BUSINESS WITH STATE AGENCIES

List each executive branch 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

Name of Agency	Name of Agency
1.	3.
2.	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 (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.

Type of Economic Activity Representing Source of Income Received	Circle appropriate letter		Kind of Income
1. Education (teacher)	(S)	D	salary
2.	S	D	
3.	S	D	
4.	S	D	

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

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. (1 M.R.S.A. § 1019)



Signature

1/22/09

Date