

FEB 1.5 2012

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

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Maine Phics Commission

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 15, 2012. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Qr//	Office:					
SiLL Diame	☐ House A Senate					
Mailing address	District 1.0					
City, zip code Windham, W	12					
City, zip códe	W = (31/0/0	Phone 2078928941				
windram, n	ne. 04062	2018128791				
PART 1. INCOME I	DERIVED FROM EMPLOYMENT BY AN	OTHER				
List the name and address of each private or public whom you received compensation of \$1,000 or more.	employer, including the Legislature and any a Specify the principal type of economic activity	gency or subdivision of the State, from of each employer.				
☐ None	9999 (91499) 52785 5099 527 5273 473 473 473 473 473 473 547 973 474 474 474 474 474 474 474 474 474 4	CONSTRUCTION CONTROL C				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
Flan School	Poland Mo. Washington Di State House Augusts, W	PRIVATE SCHOOL Foreal Security				
Elan School State Senate	washington DC	Edral Security				
State Senate		Government				
Starte of Maine	Cap. 401 5X.	St. Refirement Syste				
Allied COOK Construction	No. 8 At- 1 Scarboro, Mo.	Commercial Building				
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE						
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.						
None		re (edit (th) had had the commence of the com				
Name and Address of Business Entity or Law Firn	m Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)				
Name:						
Address:						
rainnees nor accour muuroon oo maaga saaaan aan aan aan aan aan aan muuraan oo aan aan aan aan aan aan aan aan Name:						
Address:		· ·				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eccincome. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was of	pnomic activity of the entity or pe tablished code of professional ethi	rson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: BillDiAmond	AREALACEOTO, COMPANIEN IS-ACELACE STORE ELECTRONICO ELECTR	notworking Potential clients
Address: 10 Crown Point, Windham, Ma	o. oyolez	Potential Clients
Name:		
Address:		
PART 3. OTHER SC	DURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 box,	2 of this form. Do not include gifts	or honoraria. If none, check the
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
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Name:		
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Name:	making ayar da mar ya guna mana ang sahika sahika finifasihnah da finirka sahim na shini lista da misi managanagan gama pani ka misa sa s	инальный выполнения распортация до под высовый вывенения общений от обтобыть по того до довенной от общений вы
Address:		
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.		
Vone	овення в в в в в в в в в в в в в в в в в в	STANDARD AND THE STANDARD AND AND AND AND AND AND AND AND AND AN
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		SING MATERIAL PROPERTY AND ADMINISTRATION OF THE PR
Address:		
Name:	ner der der schreibnische der vertreibnische Schreibnische	
Address:		
PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATIO	ons
List the specific source of gifts received during the reporting period with	h an aggregate value of more thar	s \$300. If none, check the box.
None		
Name of Source of Gift 1.	Name of S 3 .	Source of Gift Solution and action and the solution and action and action and action and action and action action and action ac
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P/	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances				
None		106 a a a constant a supersymmetry one product at a similar successful that we will supersymmetry on the production of		
Name of Source of Honoraria	Name of Sc	COURCE OF Honoraria		
1.	3.			
	4.			
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	is a language of the second of		
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the		
None	And the second of the Second o			
Name of Agency	Name	e of Agency		
1.	3.			
2.	4.	опитем и под при него на при н		
PART 8. BUS List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or None				
Name of Agency	Removed the second of the seco	Name of Agency		
1.	3 .	3.		
2.	4.	4.		
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	The second state of the second state of the second		
dependent child(ren) during the reporting period and the kill of \$1,000 or more, list his or her name and job title. List onlinot include gifts.	ind of income represented. If your spouse	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name: Tane DIAMONS Job Title:	1. State Racher Retires	1. Refisoment 2.		
	3	3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

Org	ganization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
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		SIGNATURE			
A Legislator who will	Ifully fails to file a required statemer		20 of up to \$100	/1 M P S A 8 101	7 A1
The intentional filing	of a false statement is a Class E cr	rime. If the Commi	ission concludes	that it appears that	t a Legislator has
willfully filed a false s	statement, it shall refer its findings o	of fact to the Attorn	ey General. (1 N	I.R.S.A. § 1019)	
0/1/	'M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	()) 2	
_//////////////////////////////////////	MARIA L. VAMUNI		1,	13-111	
Sig	nature			Date	-
	ADDITI	IONAL INFORMAT	rion		
	additional information below (and o		s if needed). Ind	icate the part or se	ection number for
the information you	are providing. Use additional page	s, if necessary.			
Part/Section Number		dena de			
ANNUL - POSSESSE CONTRACTOR AND	TEMPAN-RANGE STUTIES WE NOW HELE STUTIES OF A TEMPA NAMED COLUMN TO WHAT WAS INCOMEDIATED WE HELE STUDIES OF THE STUDIES OF TH	CHIRANA MINISTRA MARIANA MARIA	LIMENAS NO SUMBINISTA DE SANDE METERA DI ANNO EL 10 ESTE ANAMA EL		
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PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

None