

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

JAN 17 2012

Website: www.maine.gov/ethics Phone: 207-287-4179

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

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

Please file this statement with the Clerk of the House or Secretary of the Senate 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		Office:		
Dianne Clitton	☐ House ☐ Senate			
Mailing address		District		
1247 US HWY 1A		33		
City zin code		Phone		
Harrington, ME 04643		483-6050		
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY AND	THER		
List the name and address of each private or public employ whom you received compensation of \$1,000 or more. Speci				
None				
Name of Employer	Address	Principal Type of Economic Activity of Employer		
RHR Smith E. Co., CPAS 301	d Orchard Rd, Buxton	Auditing + . accounting		
RHR Smith E. Co., CPAs 301 (State of Marin) Maine Housey Representations 2 S	tate House Sta, August	gvernnens		
	,			
PART 2. INCOME DERIVED FR	ROM SELF-EMPLOYMENT OR LAV	/ PRACTICE		
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.				
None	ભાગભાગ હતા. માં વર્ષામાન અભાગભની તે તે તમારે ભાગ ભાગભનાના ભાગભાગ હતા. પહેલાનો સામાન તે તમારે તે તમે હતા. તે તમ	\$		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)		
Name:				
Address:				
Name:				
Address:				

PART 2 (continued). INCO	ME DERIVED FROM SE	LF-EMPLOYMENT		
B. List each source of income derived from self-employm \$1,000, whichever is greater, and specify the principal typ income. If this form of disclosure is prohibited by law, rule, a economic activity of the entity or person from whom the incor	e of economic activity of the or an established code of pr	he entity or person from whom you derived so	such	
Name and Address of Sc	purce	Principal Type of Economic Activity of Entity or Person Who the Source of the Income	ho is	
Name:			3-4343-44-44-45-43-43-43-43-43-43-43-43-43-43-43-43-43-	
Address:		Value		
Name:	THE PROPERTY OF THE PROPERTY AND ALTERNATIVE PROPERTY AND THE PROPERTY AND	од болого до до до до под во п	The first of the State of the S	
Address:				
PART 3. OTI	HER SOURCES OF INCO	OME		
List each source of income of \$1,000 or more not listed in Pabox.	rts 1 or 2 of this form. Do no	ot include gifts or honoraria. If none, check the	3	
None		ika di dalah		
Name and Address of So	urce	Kind of Income (investments, leases, etc.))	
мате:	armanininkalarman, eta meti (Etti minetty) etti ili tää Pittiidi (A. 1910-ili) voitettii Virti tää Virti tää k	больда да до до в провод в станов од того од	**************************************	
Address:		THE PROPERTY OF THE PROPERTY O		
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Address:				
Name:	/ Product Production of the Profession Control (Control Condession Control Condession) (I to the Condession Control Condession Conde		ADMINIST IN THE SECOND	
Address:				
PART 4. RI	EPORTABLE LIABILITIE	S		
List the names of creditors for any <u>unsecured</u> loans of \$3,0 areas of economic activity of each creditor. Do not list credit regulated financial institutions. If none, check the box.	00 or more that you receive card liabilities, educational lo	red during the reporting period, and list the ma oans, loans from a relative, or business loans fro	najor from	
₩ None			DANG KANGTING PAR	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:	TROUGHEST LEARNING TO PROCEEDING STREAM ERROAD STREAM CONTRACT LEARNING AND CONTRACT LEA	1999 бодо до до до под постоя до постоя до постоя до постоя до под постоя до под постоя до пост	PROPERTY CONTACT	
Address:				
Name:	 Очения польторы в на въздательности от польторы по польторы в на выполнения в на	Third Add American Conference on the Conference	30000000000000000000000000000000000000	
Address:				
PART 5. GIFTS, INCLUDI	NG TRAVEL AND ACCO	DMMODATIONS		
List the specific source of gifts received during the reporting p	eriod with an aggregate valu	ue of more than \$300. If none, check the box.		
None				
Name of Source of Gift		Name of Source of Gift	Essentiation of the best block of the best between the best block of the best block	
1.	3.		0200044700042X4TTD	
2.	4.			

P/	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
None	NAZIGIALANINSTY TROTOGRAFIO ORGANIZACI SINASIA PERSONALI IN ANNO AND	LITERAL PROCESSA AT THE CONTRACT OF THE CONTRACT AND THE
Name of Source of Honoraria	Name of So	ource of Honoraria
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2.	4.	y gygynngggyngram aangan ag mag yn ag ganacau ar ac ar ac haif har bhar barbar ei beild hef de haif hef de haif de diddiddiddiddiddiddiddiddiddiddiddiddid
PART 7. REPRESEI	NTATION BEFORE STATE AGENCIES	s
List each executive branch agency before which you reprebox.	sented or assisted others for compensation	n of any amount. If none, check the
None		Жана бобадан с настромова точков изболен данный на менентического често до предесервание зуществующего с често
Name of Agency	Name	e of Agency graphy and a superior of the super
1.	3.	
2.	4.	and the second s
PART 8. BUS List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or None		
Name of Agency	values de faire à comment de la comment de l	en di Agency e of Agency
1.	3.	
2.	4.	
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE F	AMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income represented. If your spouse of	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: <u>Aaron G Tilton</u> Job Title: <u>Mechanic</u>	1. <u>Mariher Auto Medignics</u> 2.	1. Employment
Job Title: Mechanic	3.	3.
Dependent Child(ren) - Job Titles Only		AN MAN ESTABATION AND ANNUAL TO ALTERNATIVE TO THE STORM THE PROPERTY OF THE STORM
Job Title:		
Job Title:		
Job Title:		

	PART 10. OF	FICER OR DIRECTO	R POSITIONS		
held any office, trusteeship	ofit corporation, firm, association of, directorship, or position of any ated. If a family member is listed	nature. Indicate whether	er you or a family	member held the pos	sition and whether
☐ None					
and	ation/Business I Address		Position Held By:	Family Member's Name	Compensated?
Delta Develo C/O SLEC P Machias, MI	spment Corp. 0 Box 679 E 04654	President/ Board of Directors	Seif		NO
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Please provide any addithe information you are p	tional information below (and providing. Use additional pag	d on additional sheets ges, if necessary.	if needed). Indi	cate the part or se	ection number for
Part/Section Number					
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