

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by **5:00 p.m. on February 15, 2008.**

Please check if this is an update to a previously filed statement for the calendar year 2007.

LEGISLATOR INFORMATION

Name DAVID MIRAMANT		Member of: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing address 174 MOUNTAIN ST		District 46
City, zip code CAMDEN 04843		Phone 236 4845

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
MAINE STONE + LANDSCAPING	Rockport, ME	Landscaping Plowing

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: Spirit Soaring Address: 174 MOUNTAIN ST. CAMDEN 04843	Glider Rides	sole proprietor
Name: Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

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	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	

PART 3. MAJOR AREAS OF PRACTICE

(For Legislators who are attorneys-at-law only.)

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 (self)	Major Areas of Practice (firm)
Name: Address:		
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.

None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Schwab/TRILLIUM Asset Management Address: 711 ATLANTIC AVE BOSTON, MA 02111	IRA
Name: Address:	

PART 5. REPORTABLE LIABILITIES

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

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: NATIONAL CITY BANK Address: 1900 E NINTH ST. CLEVELAND, OH 44114	BANK
Name: Advanta BANK CORP Address: PO BOX 30715 SALT LAKE CITY, UT 84130	BUSINESS CREDIT CARDS
Name: CHASE BANK Address: PO BOX 15298 WILMINGTON, DE 19886	Bank

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.

None

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

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.	3.
2.	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.

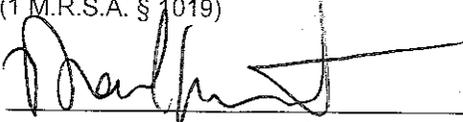
Type of Economic Activity Representing Source of Income Received	Circle appropriate letter	Kind of Income
1. Consulting (Homeopathic)	S D	Self-employment
2.	S D	
3.	S D	
4.	S D	

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

1-3-08

Date

NAME:

DATE:

ADDRESS:

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section
Number