Office: 242 State Street, Augusta, Maine



145-1-2

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

Fax: 207-287-6775

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.

	LEGISLATOR INFORMATION				
Name Diame littor		Member of: ☐ House ☐ Senate			
Mailing address 1247 US Hwy City, zip code		District 33			
City, zip code Harrington ME	04643	Phone 483-6050			
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AN	IOTHER			
List the name and address of each employ principal type of economic activity of each er	ver from whom you received compensation nployer.	n of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
AHRSmithalo CPA	3 Old Orchard Rd Buxton, ME	Audit Accounting consulting			
		nement when the control of the contr			
(For	OME DERIVED FROM SELF-EMPLOYME Legislators who are self-employed.)				
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	iness, if any, and list the major areas of rship, firm, professional association, or sin	economic activity from which you nilar business entity, list the major			
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name: Address:	*** Water Wild And And Tall College Co				
Name: Address:	40004000000000000000000000000000000000	TOTAL MARKET AND THE CONTROL OF STREET AND T			
	**				

PART 2 (continued). INCOME DE (For Legislators wi	ERIVED FROM SELF-EMPLOYM no are self-employed.)	ENT			
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profithe entity or person from whom the income was derived.	represents more than 10% of your groesentity or person from whom you deri	ived such income. If this form of			
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:	ON PAWASSIN .	enement (1) % Market a statistical de l'Assessance en l'engrephistical annuelle en monte de l'enement en en en			
Address:					
Name:	. Provinces				
Address:					
	REAS OF PRACTICE are attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, list	The state of the s	m.			
Name and Address of Firm	Major Areas of Practic (self)	e Major Areas of Practice (firm)			
Name:	\	Amp			
Address:		densian systems			
Name:	en ten en e	ом-типинати у системорого постоя объекто на начинати и при при при при при при при при при			
Address:	A DECEMBER 1999	**************************************			
	OURCES 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 git	fts. If none, check the box.			
None	er og til store for til store state for til store for til store for til store for til store for the				
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name:					
Address:	ililia etika kerika				
Name:	270MM84AAAAA				
Address:	\$2.00 A 22 A 24 A 24 A 24 A 24 A 24 A 24 A				
	TABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	nore that you received during the rep relative. If none, check the box	orting period, and list the major			
None	20-минунчун түүлөгүн таксатар остар 22 останын на жана тактатын остан остан остан остан остан остан остан оста Солонун түүлөгүн таксатар остан ост	окологови ОКС-Пи-тан-ф-ий-т-наукоря функт 27700000000000000000000000000000000000			
Name and Address of Creditor	P(* a finite the later as on the set of the "", "a " " a distribution consistent Miller and the more application of the distribution compared to the set of the set o	Principal Type of Economic			
Name:		Activity of Creditor			
Address:					
Name:		HARRING MARINE WAS ARRIVED TO THE STATE OF T			
Address:					
PART 6. REPO	ORTABLE GIFTS				
List the specific source of each gift of more than \$300. Include gifts none, check the box		in \$300 from a single source. If			
None	**************************************				
Name of Source of Gift 1.	Name of Sou 3.	rce of Gift			
2.	4 .	ментерен постоя по постоя в постоя на пределения в постоя на пределения в постоя на пределения в постоя постоя постоя на пределения в постоя постоя постоя на пределения в постоя пост			

Š

PART 7. REPORTA	ABLE HON)RARI/	\			
List the source of any honoraria accepted for appearances or speed	hes related to	your of	ficial duties. If none, check the box.			
None	THE PARTY PROBLEM COMMUNICATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINIST	TOTAL OF THE MANAGE -				
Name of Source of Honoraria		Ŋ	lame of Source of Honoraria			
1.	3.					
2.	4.	nedecedentics, 3C. Propressional	entensis op grennentetterrette til erkikkelenningsgratterrette til statistikkelen og blev och statistikkelen og grenne en er er til er til erkikkelen og grenne en er er er til er til erkikkelen og grenne en er er er til er til erkikkelen og grenne en er			
PART 8. REPRESENTATION	BEFORE S	TATE	AGENCIES			
List each executive branch agency before which you represented of the pox.						
None	Million from the section of the sect					
Name of Agency			Name of Agency			
1.	3 .					
2.	4.	- A CONTRACTOR CONTRAC				
PART 9. BUSINESS W	ITH STATE	AGEN	eles.			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	The second secon	er e				
☑ None		hereith Parcos course				
Name of Agency			Name of Agency			
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED BY	/EMBERS ()F IMN	EDIÁTE FÁMILY			
List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ne of \$1,000	or more	received by your spouse or dependent child			
Type of Economic Activity Representing Source of Income Receiv	∕ed app	ircle ropriate etter	Kind of Income			
.1. Mehanical Service	(s) р	employment			
2.	S	D				
3.	S	D	en en en primitipalista de de del del de en			
4.	S	D				
SIGNA	TURE					
A Legislator who willfully fails to file a required statement is sut		e of \$1	0 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 t willfully filed a false statement, it shall refer its findings of fact to the	the Commiss e Attorney G	ion cor eneral.	cludes that it appears that a Legislator has			
If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	on every qu	estion a	and shall be precluded from voting on any			
Strance Telt		1//	4109			
Signature	·	/	Date			

NAME:							DATE:					CONTRACTOR OF THE STATE OF THE
ADDRESS:	MONTH OF THE COMMON CONTROL OF THE C	**************************************		MENTAL MICHAEL STATE OF BRIDERS	**************************************	nempri 14 Shainteanniau mazaman a	in na ana ana ana ana ana ana ana ana an	оборов — о добова до не изона положения положения	araran organisma (namanan ana)	**************************************	**************************************	######################################
				ADDI	ITIONAL IN	FORMA	TION					
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part of	or section	number	for the
Part/Section Number					te agrified om til film til gift flytte flytte framskande skalende generalen.		antiga materia (1988), il alting di algorita di algorita anganta an					
	Acceptance New York (New York)								The state of the s			
	6497799900000000000000000000000000000000									•		
												. !
	Definite the appears the appea											
·	A PAZAGAGA PARA PARA PARA PARA PARA PARA PARA											
	MACHAGORIA DA CANADA CANADA DA CANADA		4									
	Standards construction of the standards of the standard of the standards of the standard of the standards of											
	No. 20 and Annual Confession of Confession o											
	00000000000000000000000000000000000000			÷								
	Annotation of the control of the con										•	
	·								*			•
	· ·											
	November (m. Adda)											
				-								
	NAMES AND ADDRESS											
		•										