

Office: 242 State Street, Augusta, Maine



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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 previous	ly filed statement for the calendar year 2	2008.						
LEGISLATOR INFORMATION								
Name Sill DIAMONO	(	Member of:  ☐ House Senate						
Mailing address 26 Windhar	M Center Rd	District / 2						
City, zip code Umcham, Me	Phone 207 692 8941							
PART 1. INCOME DER	RIVED FROM EMPLOYMENT BY ANO	THER						
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						
Sharm Ferry E	lan School-Polané spring Maine	Private School						
	Spring. Maine	, <b>V</b>						
	**************************************	околого и състава на постава на применения на применения на применения на применения на применения на применен						
	DERIVED FROM SELF-EMPLOYMEN slators who are self-employed.)							
A. List the name and address of your business, derived income. If associated with a partnership, areas of economic activity of that entity.	if any, and list the major areas of ecfirm, professional association, or similar	onomic activity from which you ar 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:		The state of the s						
Address:								
Name:		A taken of the						
Address:	1 1 1 1 1							

PART 2 (continued). INCOME DE (For Legislators wh	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 re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profethe entity or person from whom the income was derived.	epresents more than 10% of your gross entity or person from whom you derived essional ethics, specify only the principa	d such income. If this form of al type of economic activity of						
Name and Address of Source	Act	Principal Type of Economic livity of Entity or Person Who s the Source of the Income						
Name:	The state of the s	erikaniak inistahun menengan mengan mengan menangan mengan menengan menengan menengan menengan menengan meneng						
Address:	AT THE ADDRESS OF THE STATE OF THE ADDRESS OF THE A	n distribution del del description de la company de la com						
Name:	- PRO AN VERWOOD	·						
Address:								
	REAS OF PRACTICE re attorneys-at-law only.)							
List your major areas of practice. If associated with a law firm, list to	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:	AND CONTROL CONTROL OF THE PROPERTY OF THE PRO	CASES CLASSICAL SECURITION AND AN ARTHUR AND AN ARTHUR AND ARTH						
Address:								
	OURCES OF INCOME							
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include gifts.	If none, check the box.						
None		Kind of Income						
Name and Address of Source		(investments, leases, etc.)						
Name: C/A 1/1/2	57	ats Denal - Salary						
Address: Hale of Maine		it Retirement						
Name: Address: Mrs Hante Currents	Publishing Co. Sa	he of Newspuper						
PART 5. REPORT								
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 loans from a	ore that you received during the report relative. If none, check the box	ing period, and list the major						
None								
Name and Address of Creditor	F. (F.)	rincipal Type of Economic Activity of Creditor						
Name:	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH							
Address:								
Name:	An and all described and	7000 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Address:								
PART 6. REPO								
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more than a	\$300 from a single source. It						
None		AMERICAN AND AND AND AND AND AND AND AND AND A						
Name of Source of Gift 1.	Name of Source 3.	of Gift						
2.	4.	SBAACAAANABCAACACACACAAAAAAAAAAAAAAAAAAA						

List the source of any honoraria accepted for appearances or speeches			
None	S related to y	'Oui oi	ficial duties. It none, check the dux.
Name of Source of Honoraria		V	Name of Source of Honoraria
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PART 8. REPRESENTATION B			
List each executive branch agency before which you represented or a the box.	assisted other	rs for	compensation of any amount. If none, check
□ None	######################################	Walles S. C. Walles S. C.	
Name of Agency			Name of Agency
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PART 9. BUSINESS WITH	H STATE A	GEN	CIES
List each executive branch agency to which you or a member of your is \$1,000 during the reporting period. If none, check the box.	mmediate fa	mily so	old goods or services with a value in excess of
None	Gundered States de States group of the digital less deformation and a constant con-	Activities of the second strategies	
Name of Agency			Name of Agency
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2. 4.		>002064been	99/1996/9900.003/00/00-d-04/00-04-449-000:00/00-0 <sub>1</sub> 044404044-1-0-449-9900000000000000000000
PART 10. INCOME RECEIVED BY ME	MBERS O	- IMN	EDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. I "D" for income received by dependents.	of \$1,000 o Do not includ	r more le gifts	received by your spouse or dependent child s. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	Cin J appro lett	priate	Kind of Income
1. State Retirement System	(S)	D	State Retirement
2.	S	D.	All the contract of the contra
3.	S	D	THE PROPERTY OF THE PROPERTY O
4.	S	D	
SIGNATU	JRE		
A Legislator who willfully fails to file a required statement is subje (1 M.R.S.A. § 1017-A)	ct to a fine	of \$1	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the A	Commissic	n con	ncludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to fithe Legislator shall be presumed to have a conflict of interest on question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	file a require every ques	d state	and shall be precluded from voting on any
	1		/ A.
Signature Signature		<u> </u>	5/09

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