



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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JAINE ETHICS COMMISSION

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 pre	eviously filed statement for the calendar year	r 2008.			
· LEGISLATOR INFORMATION					
Name Douglas M.	Member of: ☐ House				
Name Douglas M. Sm.th Mailing address PO. Box 460 City zin code		District 27			
City, zip code Donev-Faxcvoft, ME 04926		Phone 564-8819.			
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			
None					
-		The state of the s			
Annual Processing Control of Cont	THE PROPERTY OF THE PROPERTY O				
PART 2 INC	OME DERIVED FROM SELF-EMPLOYME	MT.			
	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 ership, firm, professional association, or sim	economic activity from which you illar 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: South Dover Village Estatos Address: PD Bo x 460 Dover Toxa	House small residential				
Name:		00500 C			
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 Activity of Entity is the Source o	or Person Who		
Name: Address: Nong	AVANCE PERPENSION N	i di ilika ka ini bahan pangan ang ka ini bahan ka ini bah		
Name: Address:		·		
(For Legislators who a	AREAS OF PRACTICE are attorneys-at-law only.)			
List your major areas of practice. If associated with a law firm, list t		Control of the Contro		
Name and Address of Firm	Major Areas of Practice Major Are	reas of Practice (firm)		
Name: Address: Refived		in the state of th		
Name:		CONCOMMICCONGLICIONAM-HE-VEN-VENERAMENTE DISTRICTURA DI ARRIGIO DE CONCOMMICCONGLICIO DE		
Address:	Villa Disserva-	<u></u>		
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	OURCES OF INCOME 2, or 3 of this form. Do not include aifts. If none, chec	-t-the hov		
None	2, OF 3 OF THE TOTAL DO NOT THE THEORY OF THE THE THEORY OF THE THEORY O	X THE DOX.		
Name and Address of Source	Kind of Ir (investments, I	leases, etc.)		
Name: State of Manie Name: Ameriprise Financial	Chosicktive	Selen		
Name: Ameriprise Financial		Andrews and the second		
Address: 105 Wair St. Bangov, Ute		s, ie IRA's		
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	TABLE LIABILITIES more that you received during the reporting period, an a relative. If none, check the box	nd list the major		
☐ None		4470 PASTER SANCEO CALLANDINA DE LA COMPANSION DE CONTRACTOR DE CONTRACT		
Name and Address of Creditor	Principal Type o Activity of 0			
Name: GWDEN National Bare R	A	1-2 1		
Name: Bangor Saving 5 Dank	Savjugs S	1 Days		
Name: Asing Structs Address:	Savings 8	Pau K		
	ORTABLE GIFTS			
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more than \$300 from a si	ingle source. If		
None Name of Source of Gift	Signored the appropriate \$1.00 has been been propriated in the second control of the second the control of the second the control of the second			
1.	Name of Source of Gift 3.			
2.	4.			

PART 7. REPORTA	ABLE HC	ONC	RARIA	
List the source of any honoraria accepted for appearances or speech	and the second s		Control of the control of the control	The state of the s
None			** Artistation	
Name of Source of Honoraria			N volovenski ok.	ame of Source of Honoraria
1.	3.			
2.	4.			
PART 8. REPRESENTATION			', '.: . i	
List each executive branch agency before which you represented o the box.	or assisted	l oth∈	ers for o	compensation of any amount. If none, check
None	CHOCONOCIONE / CONTROL MANAGEMENT	***************************************	Mildranii dalamana araanan	**************************************
Name of Agency				Name of Agency
1.	3.			
2.	4.			
PART 9. BUSINESS WI	ITH STA	TEA	GENC	DES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ır immedia	ite fa	mily so	ld goods or services with a value in excess of
☑ None	#EMELLINE AND	âmiacasusus	····iledencydlyngifygycam.ee	YHELIONIAN TORKA AMARA AMARA YANGA BARA TARAH SERENTAKA AMARA
Name of Agency	Name of Agency			
1.	3.			
2.	4.			
PART 10. INCOME RECEIVED BY N	Section of the sectio		32 4914	
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne of \$1,0 l. Do not i)00 o incluc	r more le gifts	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received		Ciro approj lett	priate	Kind of Income
1. None	The state of the s	S	D.	
2.	All and a second	s	D	
3.		s	D	4400-044-0-44-0-4-0-4-0-4-0-4-0-4-0-4-0
4.		S	D	
SIGNAT	TURE			
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to a	fine	of \$10) per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the	the Comn	nissic	on con	cludes 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

NAME:	DATE:					
ADDRESS:						
	ADDITIONAL INFORMATION					
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the are providing.					
Part/Section Number						
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Province of the Control of the Contr						
ACCUMULATION OF THE PROPERTY O						
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N.L.J.A.A.B.B.B.B.B.B.B.B.B.B.B.B.B.B.B.B.B						
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