



Website: www.maine.gov/ethics
 Phone: 207-287-4179
 Fax: 207-287-6775

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 <i>Justin Alford</i>	Office: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address <i>134 Sheridan Street</i>	District <i>8</i>
City, zip code <i>Portland, ME 04101</i>	Phone <i>828-0277</i>

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER		
List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.		
<input type="checkbox"/> None		
Name of Employer	Address	Principal Type of Economic Activity of Employer
<i>State of Maine</i>	<i>3 State House Station Augusta, ME 04333</i>	<i>Government</i>

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE		
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.		
<input type="checkbox"/> None		
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: <i>Bayside Maine LLC</i> Address: <i>477 Congress St. Suite 1012 Portland, ME 04101</i>	<i>Development</i>	
Name: <i>Bowl Portland LLC</i> Address: <i>58 Andover Street Portland, ME 04101</i>	<i>Business</i>	

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

B. List each source of income derived from self-employment or law practice 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: <i>Bopo LLC</i> Address: <i>58 Alder Street Portland, ME 04101</i>	<i>Business</i>
Name: Address:	

PART 3. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.

None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: <i>JKA LLC</i> Address: <i>410 Dexter Enterprise, 2 Monument Sq. Portland ME 04101</i>	<i>Share of partnership income</i>
Name: <i>BNY Wealth Management</i> Address: <i>201 Washington St. Boston, MA 02108</i>	<i>Investment</i>
Name: <i>Mullen Trust of New England</i> Address: <i>500 Ross St. Suite 600 Pittsburgh, PA 15262-001</i>	<i>Interest</i>

PART 4. 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 credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIONS

List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.

None

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

PART 6. HONORARIA

List the source of any honoraria accepted for appearances or speeches. If none, check the box.

None

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

PART 7. 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 8. 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. Indicate whether you or a family member sold the goods or services. If none, check the box.

None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 9. 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 domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received income of \$1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: _____ Job Title: _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____

Dependent Child(ren) - Job Titles Only

Job Title:		
Job Title:		
Job Title:		

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
William & Joan Alfond Foundation 2 Monument Sq. Portland, ME 04101	Member	Justin Alfond	Justin Alfond	NO
Maine Initiatives 295 Water Street Suite 100 Augusta, ME 04333	Board Member	Justin Alfond	Justin Alfond	NO
Opportunity Maine 237 Oxford Street Suite 22 Portland, ME 04101	Board Member	Justin Alfond	Justin Alfond	NO

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (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. (1 M.R.S.A. § 1019)


Signature

11/11/12
Date

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. Use additional pages, if necessary.

Part/Section Number	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Part 10	Kennebec Valley Community College 92 Western Avenue Fairfield, ME 04937	Trustee	Justin Alfond	Justin Alfond	NO
	Avalon Housing 307 Cumberland Avenue Portland, ME 04101	Board Member	Justin Alfond	Justin Alfond	NO
	Hour Exchange 516 Congress Street Portland, ME 04101	Board Member	Rachael Alfond	Rachael Alfond	NO

Justin Alford

Sources of Income

Jan 11, 2012

Part 3

4. Purchase Investors C/O A. Uzzeo Shares of
287 Bowdoin Ave. Partnership Income
Purchase, NY 10577
5. Ellen Loring Trust A. Uzzeo Trust Investments
FBO Justin Alford 287 Bowdoin Ave.
Purchase, NY 10577
6. Shack Foods of 149 Alewife Brook Pkwy. Shares of
America LLC Cambridge MA 02140 Partnership Income
7. Skyline Street LLC C/O of Dexter Enterprises Shares of
2 Monument Sq. Partnership Income
Portland, ME 04101
8. Dexter Enterprises Inc. 2 Monument Sq. Investments
Portland, ME 04101 Commission Rebate
9. JFR 443 Complex LLC C/O of Dexter Enterprises Shares of Partnership
2 Monument Square Income
Portland, ME 04101
10. Sweetwater Partners LLC C/O of Dexter Enterprises Shares of
2 Monument Square Partnership Income
Portland, ME 04101

WABORWA

Justin Afford

Officer / Director Positions

Jan 11, 2012

Part 10

Portland Trials	Board Member	Richard Afford	Richard Afford	NO
305 Commercial St. Portland, ME 04107				

Jewish Community Alliance	Board Member	Richard Afford	Richard Afford	NO
57 Ashmont Street Portland, ME 04103				