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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2015 Calendar Year: January 1, 2015 - December 31, 2015

☐ Check here if this statement is an update or amendment of a previously filed statement.

Name Anne-Masie Mastraccio	Office A House
Mailing Address 23 Lebanon St	District Number
City/Town, State, Zip San for I M & U4073	E-mail Address annematie Mastracio E
FILING DEADLINE	

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Tuesday, February 16, 2016.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly. NO RED INK
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- · Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions and Maine Clean Election Act payments need not be reported in this statement.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities or positions of the Legislator or an immediate family member (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the Legislator or immediate family member \$2,000
 or more in the current year;
- A new reportable liability of \$3,000 or more obtained during the current calendar year;
- A new contract or other arrangement between the Legislator, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Part 1. Income from Employment by Another				
□ None. Check this box if you did not have income from employment by another.				
Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Tille	
Maine State Legislature	3 State House Station	Government	State Representatur	
Part 2. Income from Self-	Employment			
☑ None. Check this box if	you did not have income from	n self-employment.		
Name of Your Business/Trade	Name Add	ress P	rincipal Type of Economic or Business Activity	
Name of Client or Customer, if (see instructions)	required Add		rincipal Type of Economic Business Activity of Client	
Part 3. Business Entities			a than 5% of any business	
		nily did not own or control mor	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Name of Business	Add	fress	rincipal Type of Economic or Business Activity	
Part 4. Income from the Practice of Law M-None. Check this box if you did not have income from the practice of law.				
Name of Practice or Firm	Address Your M	ajor Areas Firm's Major Are ractice of Practice	Position: Partner, Associate, Sole Practitioner	

Part 5. Income from Any Other So	urce	
□ None. Check this box if you did n	ot have income from any other source.	
Name of Source	Address	Description of Income
·	Wilshington &c	Social Security Pension Inheritance
National Life Insurance of the Southwest	· National Life Drive Montpelier, VT604	Inheritance - Annuity
Part 6-A. Compensation Income o	f Immediate Family Members	
 None. Check this box if no memle employment or compensation. 	bers of your immediate family received	income of \$2,000 or more from
Name and Job Title (do not list name of dependent child	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
Albert Maskaccio, Substitute Teacher	Sanford School Department	Substitute Teacher
Part 6-B. Other Sources of Income	of Immediate Family Members	
 None. Check this box if no member other source. 	ers of your immediate family received i	ncome of \$2,000 or more from any
Name of Spouse or Partner (do not list name of dependent child		Type of Income
Albert mastracció	Sicul Security	Pension

Part 7. Loans			
None. Check this box if you did not have reportable liabilities.			
Lender's Name		ender's Address	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Including Travel an	d Accommodations		
□ None. Check this box if you did	not received any gift	S.	
Source of Gift			Source of Gift
1. State Innovation Exch	ionsc	2.	
3. NCSL	0	4.	
Part 9. Honoraria			
None. Check this box if you did r	not receive honoraria.		
Source of Honora	ria		Source of Honoraria
1 .		2.	
3.		4.	
Part 10. Positions in Political Acti	on, Ballot Question	or Party Commit	tees
None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.			
Name of Committee	Name of Official or	Family Member	Title
1.			
2.			
3.			

Part 11. Conducting Business with State Agencies				
None. Check this box if neither you nor your immediate family did business with any State agency.				
Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Good or Services	
	-			
				1 1 11
Part 12. Representing Others Bef	। ore State Agencie			
None. Check this box if neither y	ou nor your immed	liate family represent	ed another before a	a State agency.
Name of Agency		Name of Ind	ividual Receiving C	compensation
Part 13. Positions in For-Profit an	d Non-Profit Orga	anizations		
☐ None. Check this box if you and non-profit organizations.	members your imn	nediate family did not	hold positions in a	ny for-profit or
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
Healthy Maine Partners	Board	Anne marie	b∕Self □ Spouse	No
- Southern Maine	Member	Mastracon	□ Dependent	
Stratgies for a Stranger	Board Member	Anne Marie	Self □ Spouse	No
Sanford	4	Mastracow	□ Dependent	
Sanford-Sprievale Historical Stelety	Board Member	Khnematie	⊠ Self □ Spouse	No
,		Mastacco	□ Dependent	
		IATURE		
I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.				
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THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))