

Received
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 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2017 Calendar Year: January 1, 2017 - December 31, 2017

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

| | |
|---|---|
| Name Kevin J Battle | Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address 83 Sandy Hill Rd | District Number 33 |
| City/Town, State, Zip So Portland ME 04106 | E-mail Address Kevin.Battle@Legislature.maine.gov |

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by **5:00 p.m., Thursday, February 15, 2018.**

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- **Complete all sections. If a section is not applicable, check the box labeled "None" for that section.**
- A glossary is located in the back of this form.
- If completing this form by hand, **PLEASE WRITE LEGIBLY. DO NOT USE 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 should not be reported.**
- Campaign contributions and Maine Clean Election Act payments should 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.

IMPORTANT NOTICE: 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)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. 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.

*Please call the Commission staff 207-287-4179 if you have any questions.
 Thank you for your cooperation!*

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 Title |
|--|--|---|---------------|
| Maine State Legislature | State House Augusta, ME | Government | Legislator |
| Board of Harbor master commissioner | 2 Portland Fish Pier Suite 105 Portland ME 04101 | Law Enforcement | Harbor master |

Part 2. Income from Self-Employment

None. Check this box if you did not have income from self-employment.

| Name of Your Business/Trade Name | Address | Principal Type of Economic or Business Activity |
|---|---------|---|
| | | |
| | | |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
| | | |
| | | |

Part 3. Business Entities

None. Check this box if you and your immediate family did not own or control more than 5% of any business.

| Name of Business | Address | Principal Type of Economic or Business Activity |
|------------------|---------|---|
| | | |
| | | |

Part 4. Income from the Practice of Law

None. Check this box if you did not have income from the practice of law.

| Name of Practice or Firm | Address | Your Major Areas of Practice | Firm's Major Areas of Practice | Position: Partner, Associate, Sole Practitioner |
|--------------------------|---------|------------------------------|--------------------------------|---|
| | | | | |
| | | | | |

Part 5. Income from Any Other Source None. Check this box if you did not have income from any other source.

| Name of Source | Address | Description of Income |
|--|---|-----------------------|
| PTCS Tithe Agency LLC | 130 Pompton Avenue Verona, NJ 07044 | Inheritance |
| AT&T Stock | ComputerShare P.O. Box 505005 Louisville, Ky. 40233 | Sale of Common Stock |
| Maine Public Employees Retirement System | PO Box 349 Augusta, ME 04332 | Retirement |

Part 6-A. Compensation Income of Immediate Family Members None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

| 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 |
|---|---|---|
| Kathy A Battle Commercial Lines Underwriter | Liberty Mutual Group 100 Liberty Way Dover NH 03820 | Insurance Co. |
| | | |
| | | |

Part 6-B. Other Sources of Income of Immediate Family Members None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

| Name of Spouse or Partner (do not list name of dependent child) | Source of Income Name and Address | Type of Income |
|--|---|----------------|
| Kathy A Battle | Aetna Life Ins Co PO Box 2946 Hartford CT 06104 | Retirement |
| | | |
| | | |

Part 7. Loans

None. Check this box if you did not have reportable liabilities.

| Lender's Name | Lender's Address | Principal Type of Economic or Business Activity of Lender |
|---------------|------------------|---|
| | | |
| | | |

Part 8. Gifts, Including Travel and Accommodations

None. Check this box if you did not receive any gifts.

| Source of Gift | Source of Gift |
|----------------|----------------|
| 1. | 2. |
| 3. | 4. |

Part 9. Honoraria

None. Check this box if you did not receive honoraria.

| Source of Honoraria | Source of Honoraria |
|---------------------|---------------------|
| 1. | 2. |
| 3. | 4. |

Part 10. Positions in Political Action, Ballot Question or Party Committees

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 |
|----------------|---|---------------------------------|
| | | |
| | | |
| | | |

Part 12. Representing Others Before State Agencies

None. Check this box if neither you nor your immediate family represented another before a State agency.

| Name of Agency | Name of Individual Receiving Compensation |
|----------------|---|
| | |
| | |
| | |

Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

| Organization/Business and Address | Title | Name of Position Holder | Relationship to Legislator | Compensated Yes/No |
|-----------------------------------|-------|-------------------------|--|--------------------|
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | |
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | |
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | |

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.



 Signature

12 Feb 18

 Date

