# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

*MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333*
*OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE*
*WEBSITE: WWW.MAINE.GOV/ETHICS*
*PHONE: 207-287-4179*
*FAX: 207-287-6775*

## UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

| Name: Shenna Bellows | Office & District Number: ☐ House _____  ☒ Senate _14_ |
|---|---|

## REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of income within **30 days** of a substantial change in income, reportable liabilities, or positions of the Legislator and the Legislator's spouse or domestic partner 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 of $2,000 or more; a new position in a political committee or for-profit or non-profit organization; a new unsecured loan of $3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only new information. Do not include information that you previously reported.

## PART 1. INCOME FROM EMPLOYMENT BY ANOTHER                    Date of Change:

| Name and Address of Employer | |
|---|---|
| Principal Type of Economic or Business Activity of Employer: | Job Title: |

## PART 2. INCOME FROM SELF-EMPLOYMENT                    Date of Change:

| Name and Address of Your Business: |
|---|
| Principal Type of Economic or Business Activity: |
| Name and Address of Customer/Client, if required: |
| Customer/Client's Principal Type of Economic or Business Activity: |

## PART 3. BUSINESS ENTITIES                    Date of Change:

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

## PART 4. INCOME FROM THE PRACTICE OF LAW                    Date of Change:

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

## PART 5. INCOME FROM ANY OTHER SOURCE                    Date of Change:

| Name and Address of Income Source: |
|---|
| Description of Income: |

*Please call the Commission staff 207-287-4179 if you have any questions.*
*Attach additional pages if necessary.*