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MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE WEBSITE: WWW.MAINE.GOV/ETHICS

PHONE: 207-287-4179

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2018 Calendar Year: January 1, 2018 - December 31, 2018

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

Name David Haggan	Office House	☐ Senate
Mailing Address	District Number	
City/Town, State, Zip Hamplen, Me. 04444	E-mail Address	gnail.com
FILING DEADLINE		V
Please file this statement with the Clerk of the House or Secretary of the Senate	by 5:00 p.m., Friday, F	ebruary 15, 2019.

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!

Name of Employer		Address:	Principal Tyr Business Ac	de of Economic o Nivity of Employe		Title
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Name of Your Business/Trad			ddiess(Principal Type of E	
Name of Client or Customer, if (see Instructions)			ddress:		Principal Type of E or Bysiness Activity	
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Part 3: Business Entitic None, Check this box	the second of the second of the second	your immediate f	amily did not o	wn or control i	more than 5% of	any busine
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Name of Source Name of Source Address Description of Income Address None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation. None and address Car Description of Income Principal Type of Exployer Source Description Address Principal Type of Exployer Description of Income Principal Type of Income Record Description Commercial Record Description Record	Part 5: Income from Any Other Source		
Part 6-Al 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 Employer's Name and Address Principal Tyte of Economic or Business Activity of Employer Business A	None. Check this box if you did not h	ave income from any other source.	The source with a mily of proportion of the state of the source of the s
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Part 11. Conducting Business wif	h State Agencies		iki da karangan da karanga Karangan da karangan da ka	MARKET POLICE TO THE
None. Check this box if neither y	ou nor your immedi	ate family did busin	ess with any State	agency.
Name of Agency	Name of Individual Selling Good	ual/Organization s of Services	Description of C	lood or Services
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Part 12. Representing Others Befo	ore State Agencies			
None. Check this box if neither y	ou nor your immedi	ate family represent	ted another before	a State agency.
Name of Agency		Name of Ind	vidual Receiving C	ompensation
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Part 13. Positions in For-Profit an	id Non-Profit Orga	izations		
None. Check this box if you and non-profit organizations.			t hold positions in a	any for-profit or
			Relationship to	Compensated
Organization/Business and Address	Tile	Name of Position Holder	Legislator	Yes/No
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