JAN 0 6 2016

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

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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.

FILING DEADLINE	
Saco, ME 04072	ju Stinchenette Wamail.com
City/Town, State, Zip	E-mail Address
20 Garfield St. Apt. 20	15
Mailing Address	District Number
Name Justin Chenette	Office ⊠ House ☐ Senate

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 Ty Business A	ype of Eco activity of I	onomic or Employer	Job Title				
Maine State	3 State Howe				,		State				
Legislature	Stati	on, Au	gusta/t	Govt.			Lep				
Journal			Fed St.	Media			Digital Ad				
Tribune	L		ME		reala "x			Kep.			
Part 2. Income from Self											
☐ None. Check this box i	f you did n	ot have		-	oyment.						
Name of Your Business/Trade	Name		bbA			Pr		ess Activity			
Chenette Ma	edia			X 315		PR	PR Consulting				
		Sun-Onde Storage Brown Storage		(2010)							
Name of Client or Customer, if (see instructions)	required		Add					e of Economic Activity of Client			
way way Store	re 93 Bux			n RS = 940.	12	60	neral Stone				
·											
Part 3. Business Entities											
☐ None. Check this box i	f you and y	our imn	nediate fam	ily did not ov	wn or co	ontrol more	than 5%	6 of any busin	ess.		
Name of Business			Add	ress		Pri		e of Economic ess Activity			
Chenette Med	lia	P. C 54	, BOX	315 0407	2	PP	- (91)	su Ha	a		
				•				. /			
Part 4. Income from the	Practice o	f 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 Position: Partner, Associate, Sole Practitioner											
					1		-		-		

Part 5. Income from Any Other Sour	Ce					
Ų√None. Check this box if you did not	have income from any other source.					
Name of Source	Address	Description of Income				
Part 6-A. Compensation Income of I	mmediate Family Members					
None. Check this box if no membe employment or compensation.	rs of your immediate family received ir	ncome 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				
Part 6-B. Other Sources of Income of	f Immediate Family Members					
None. Check this box if no member other source.	s of your immediate family received in	come of \$2,000 or more from any				
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income				

Part 7. Loans							
None. Check this box if you did not I	have reportable liabilities.						
Lender's Name	Lender's A	Address F	Principal Type of Economic or Business Activity of Lender				
			•				
Dead C. Ciffe The should be Trevel and A	1-41						
Part 8. Gifts, Including Travel and Ac							
Source of Gift		Sour	ce of Gift				
1.	2.						
3.	4.						
o.	1.						
Part 9. Honoraria							
None. Check this box if you did not re	eceive honoraria.						
Source of Honoraria		Source	of Honoraria				
1.	2.						
3.	4.						
Part 10. Positions in Political Action, E	Ballot Question or Party	Committees					
☐ None. Check this box if you and your			incipal officer, decision-maker				
or fundraiser of a PAC, BQC, or Party	Committee.	•					
1	me of Official or Family M		Title				
1. Maine loung Dens -	Justin Chene	He 9	President				
2.							
3.		1					

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	Description of Good or Services							
Part 12. Representing Others Bef	ore State Agencie							
None. Check this box if neither y	ou nor your immed	iate family represent	ed another before	a State agency.				
Name of Agency		Name of Ind	ividual Receiving C	Compensation				
12.4.1								
Part 13. Positions in For-Profit an	d Non-Profit Orga	 nizations						
☐ None. Check this box if you and non-profit organizations.	members your imm	ediate 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				
Chenette Media LLC P.O. Box 3/5 Saco, ME 04072	President	Sustin Chenette	Self Spouse Dependent	Yes				
Sao Bay Center for Crust Engagement P.O. BOX 67 Saco, ME 04072	President	Sustin Chenette	☑ Self ☐ Spouse ☐ Dependent	No				
Gurz Elected officials Network 110/15thst. NW Suite GOD Workington D.C. 2005	State Director	Sastin Chenetle	☐ Spouse ☐ Dependent	No				
		ATURE						
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT AN	ID TO THE BEST O	F MY KNOWLEDG	E IT IS TRUE,				
			, /					
				//_				

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))

ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.											
Part Number											
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