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 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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 PHONE: 207-287-4179
 FAX: 207-287-6775

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 <i>Janice E. Cooper</i> | Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address <i>53 West Elm St.</i> | District Number <i>47</i> |
| City/Town, State, Zip <i>Yarmouth ME 04096</i> | E-mail Address <i>cooperjanice@gmail.com</i> |

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.

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 |
|-------------------------------|---|---|----------------------|
| Cultural Homestays Internat'l | 104 Butterfield Rd. San Anselmo, CA 94960 | Sponsor for J-1 visa exchange students, per U.S. State Dept | Academic Coordinator |
| | | | |

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 |
|--|---------|---|
| Host for Air Bn B | | rental of house to guests |
| | | |
| 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 |
|-------------------------------------|--|---|
| Social Security Administration | PO BOX 310120 Jamaica, NY 11431-0120 | retirement income |
| U.S. Office of Personnel Management | PO BOX 45 Boyers, PA 16017-0045 | Congressional pension (retirement income) |
| Jackson National Life Ins. Co Inc | 1 Corporate Way Langsling, MI 48951 | Annuity |

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

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

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 |
|--|--------------------------------------|---|
| Wright Patman Congress'l Credit Union | PO Box 2408 Merrifield VA 22116- | credit union |
| VW Finance Credit Wright Patman Congress'l | PO Box 3 Hillsboro, OR 97123-0003 | car loans |

Part 8. Gifts, Including Travel and Accommodations

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

| Source of Gift | Source of Gift |
|---|---|
| 1. National Organization of Insurance Legislators 2014 + 2015 reimbursement for both conferences | 2. State Innovation Exchange 2014 but reimbursement received in 2015 |
| 3. Island Institute - travel to Star Island, MA received in 2015 | 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 7 continued: Efficiency Maine, AFS
 First
 PO Box 3558
 Allentown, PA
 18106-3558
 168 Capitol St
 Augusta, ME 04330

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 |
|-----------------------------------|---------------|-------------------------|---|--------------------|
| Firehouse Arts at Winslow Station | V. P. Bd. mbr | Janice Cooper | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | 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 | |

SIGNATURE

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

Janice Cooper
Signature

1/11/16
Date

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 | |
|-------------|--|
| 7 | Efficiency Maine, loan administered by AFC First |
| | 168 Capitol St PO BOX 3558 |
| | Augusta, ME 04330 Allentown, PA |
| | 18106 3558 |
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