



Received
 FEB 03 2017
 Maine Ethics Commission

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

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2016 Calendar Year: January 1, 2016 - December 31, 2016

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

Name <i>KEVIN J BATTLE</i>	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing Address <i>83 Sandy Hill Road</i>	District Number <i>33</i>
City/Town, State, Zip <i>South Portland, ME, 04106</i>	E-mail Address <i>Kevin.Battle@legislature.gov</i>

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by **5:00 p.m., Wednesday, February 15, 2017.**

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
Board of Harbor Commission Port of Portland	2 Portland Fish Pier Suite 105 Portland, ME. 04101	Harbor MASTER	Harbor MASTER
South Portland School Bus Transportation	130 Wescott Rd South Portland, ME 04106	School Bus TRANSPORTATION	PART-TIME STATE BUS DRIVER

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
Frontier Communication	COMPUTERSHARE POBOX 43078 PROVIDENCE RI 02910-3078	Stock Dividend Payment
Century Link	COMPUTERSHARE POBOX 30170 College Station, TX. 77842	Stock Dividend Payment

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
Kathy A. BATTLE	Liberty Insurance Running Hill Road South Portland ME 04106	Insurance Underwriter

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 received 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

01-19-2017
Date



RECEIVED
MAR 30 2017

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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30-DAY UPDATE TO STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name KEVIN BATTLE	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing Address 83 SANDY HILL RD	District Number 33
City/Town, State, Zip SOUTH PORTLAND, MAINE 04106	E-mail Address

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 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 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 of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
Part 2. Income from Self-Employment				
Date of Change	Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity of Employer	
Part 3. Business Entities				
Date of Change	Name of Business	Address	Principal Type of Economic or Business Activity of Employer	
Part 4. Income from the Practice of Law				
Date of Change	Name of Practice or Firm	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
Part 5. Income from Any Other Source				
Date of Change	Name of Source	Address	Description of Income	
2/28/17 2/28/17	COMPUTER SHARE COMCAST	P.O. BOX 3078, PROVIDENCE RI P.O. BOX 64874, ST PAUL MN	SALE OF STOCK (ATT & VERIZON) SALE OF STOCK (COMCAST)	

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

Part 6-A. Compensation Income of Spouse/Domestic Partner

Date of Change	Name and Job Title	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer

Part 6-B. Other Sources of Income of Spouse/Domestic Partner

Date of Change	Name of Spouse/Domestic Partner	Source of Income (Name & Address)	Type of Income

Part 7. Unsecured Loans of \$3,000 or more

Date of Change	Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

Part 8. Gifts, Including Travel and Accommodations

Date of Change	Source of Gift	Date of Change	Source of Gift

Part 9. Honoraria

Date of Change	Source of Honoraria	Date of Change	Source of Honoraria

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

Date of Change	Name of Committee	Name of Official or Family Member	Title

Part 11. Conducting Business with State Agencies

Date of Change	Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Goods or Services

Part 12. Representing Others Before State Agencies

Date of Change	Name of Agency	Individual Receiving Compensation

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

Date of Change	Organization/Business and Address	Name of Position Holder	Compensated Yes/No

SIGNATURE

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

Signature

3-30-17
Date



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SEP 15 2017
Maine Ethics Commission

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UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: KEVIN J BATTLE	Office & District Number: <input checked="" type="checkbox"/> House 33 <input type="checkbox"/> Senate _____
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REQUIREMENT TO FILE AN UPDATED STATEMENT

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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:	54 ORCHARD RD FLOHAM PARK NJ 07932	09-11-2017
Description of Income: INHERITANCE FROM SALE OF PARENTS HOUSE		

PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS

Date of Change:

Name of Family Member:	Job Title:
Name and Address of Employer:	Employer's Principal Type of Economic or Business Activity:

PART 6-B. OTHER SOURCE OF INCOME OF IMMEDIATE FAMILY MEMBERS

Date of Change:

Name of Family Member: KATHLEEN A BATTLE (MOTHER)	Type of Income: INHERITANCE - BANK ACCOUNT	09-11-2017
Name and Address of Source of Income: KATHLEEN A. BATTLE'S ACCOUNT	SENT TO ME BY MY SISTER MAUREEN A BATTLE 117 CAPSTAN AV, BEECHWATER N:5 08722	

PART 7. LOANS AND LIABILITIES

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)

Date of Change:

Source of Gift:	Source of Gift:
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PART 9. HONORARIA

Date of Change:

Source of Honoraria:	Source of Honoraria:
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PART 10. POSITIONS IN PACs, BQCs OR PARTY COMMITTEES

Date of Change:

Committee Name:	
Name of Legislator or Family Member:	Title:

PART 11. CONDUCTING BUSINESS WITH STATE AGENCIES

Date of Change:

Name of Agency:
Name of Individual/Organization Selling Goods or Services:
Description of Goods or Services:

PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES

Date of Change:

Name of Agency:
Name of Individual Receiving Compensation:

PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS

Date of Change:

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

SIGNATURE

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.


Signature

15 SEP 17
Date