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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Maine Ethics Commission 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 MATTHEW G. POULIOT	Office ☐ House ☑ Senate
Mailing Address 99 WINTHROP STRIEET	District Number
City/Town, State, Zip AnonSTA, ME 04330	E-mail Address MPONLIOTS 7 @ grail, ca

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Friday, February 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 <u>sources</u> 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.

Part 1. Income from Emp	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 Business Activity of Employ		
Maine State Legislature	State House Augusta, ME	Government	Legislator	
Part 2. Income from Self	-Employment			
□ None. Check this box	if you did not have income fro	m self-employment.		
Name of Your Business/Trade	Name Add	ress	Principal Type of Economic or Business Activity	
Pouliot Real Es	tate, Inc 99 Wilh	throp St , une 04330	Realtor	
	Augusta	, me 04330		
Name of Client or Customer, if (see instructions)	required Add	iress.	Principal Type of Economic or Business Activity of Client	
Part 3. Business Entities				
☐ None. Check this box	if you and your immediate far	mily did not own or contro	I more than 5% of any business.	
Name of Business	Add	dress	Principal Type of Economic or Business Activity	
Alliance Propor	HES LIC PO BOX	5224 P	cal Estate Holding Company,	
			,	
Part 4. Income from the	Practice of Law			
None. Check this box	if you did not have income from	om the practice of law.		
Name of Practice or Firm		ajor Areas Firm's Maj ractice of Pra		

Part 5. Income from Any Other Source		
None. Check this box if you did not I	have income from any other source.	
Name of Source	Address	Description of Income
Part 6-A. Compensation Income of Im	mediate Family Members	
None. Check this box if no members employment or compensation.	s of your immediate family received in	come 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		5 th 0 000
 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
Heather Poulsot	Core Solutions, LLC	Compensation for Sarvices rendered.
	99 Winthrop St. Augusts, ME 04330	Sorvites rendered.
	Hagusta, ME 04550	

, Part 7. Loans			
Mone. Check this box if you did no	t have reportable	liabilities.	
Lender's Name	Lender's Address		Principal Type of Economic or Business Activity of Lender
Kowehec Saulys	<u> Au</u>	gasts, out	
Part 8. Gifts, Including Travel and A	Accommodations		
☐ None. Check this box if you did no	ot receive any gifts	3.	
Source of Gift			Source of Gift
1. Center for New Energy Economy		2. National	Institute of
Economy			Discourse
3.		4.	
Part 9. Honoraria			
None. Check this box if you did no	t receive honoraria	Э.	
Source of Honoraria		S	ource of Honoraria
1.		2.	
3.		4.	
Part 10. Positions in Political Action	, Ballot Question	or Party Committee	
☐ None. Check this box if you and you or fundraiser of a PAC, BQC, or Pa		ily were not a treasure	er, or principal officer, decision-maker
	Name of Official or	Family Member	Title
1. Prosperity for araines Future PAC	Self		Principal
2.			
3.			

Part 11. Conducting Business with	many and produced to the complete of the compl			
None. Check this box if neither y	ou nor your immedi	ate family did busine	ess with any State a	agency.
Name of Agency	Name of Individu Selling Good		Description of G	
Public Utilities Commiss	on Poulist (Real Estate Inc	Brokergye	Sepulces
* See Note				
Part 12. Representing Others Befo	ore State Agencies			
None. Check this box if neither y			ed another before a	a State agency.
Name of Agency		Name of Indi	vidual Receiving C	ompensation
Part 13. Positions in For-Profit an	d Non-Profit Orga	nizations		
None. Check this box if you and non-profit organizations.	CONTRACTOR		t hold positions in a	ny for-profit or
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
Augusta Doutema Allience	Director/ Board Chair	Heather Ponlist	□ Self 反 Spouse □ Dependent	No
University of Marke- Augusta	visitor	Matt		No
			□ Self □ Spouse □ Dependent	
	SIGN	ATURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.			F MY KNOWLEDG	SE IT IS TRUE,
1/1/1///			a 1	1,0
/ //W/			2/14	//9
Signature			′ Ď	ate

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

ADDITIONAL INFORMATION	
ΑΠΠΙΤΙΛΝΑΙ ΙΝΕΩΡΜΑΤΙΟ	
VDDILIOKVI KEUSWAII	
ADDITIONAL INFORMATION	
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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	
11	Legge agreement was reached in 2018,
	but have not yet been compensated
	for Services, Wanted to add to
	make Sive it was noted that
	the Services were rendered in
	2018. P.U.C. wasis a party to
	the lesse, but was not my
	Client.
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