



Received
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
FEB 03 2017
Maine Ethics Commission

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>RONALD F. COLLINS</i>	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address <i>401 HARRISECKETT RD.</i>	District Number <i>34</i>
City/Town, State, Zip <i>WELLS, ME. 04090</i>	E-mail Address <i>R.COLLINS7@MAINE.PR.COM</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
MAINE STATE LEGISLATURE	3 SHS AUGUSTA, ME.	GOVERNMENT	STATE SENATOR

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		
<input type="checkbox"/> None. Check this box if you did not have income from any other source.		
Name of Source	Address	Description of Income
SOCIAL SECURITY BENEFIT	SOCIAL SECURITY ADMINISTRATION NORTHEAST PROGRAM	PENSION
	1 JAMAICA CEN. PLAZA JAMAICA, NY 11432-3898	
SACO & BIDDEFORD SAVINGS INSTITUTION	50 INDUSTRIAL PARK RD. SACO, ME. 04072	IRA PENSION
Part 6-A. Compensation Income of Immediate Family Members		
<input checked="" type="checkbox"/> 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		
<input type="checkbox"/> 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
SOCIAL SECURITY BENEFIT		PENSION
LINDA W. COLLINS WIFE	ICMA-RC 777 No. Capitol St, NE Washington DC, 20002	PENSION

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

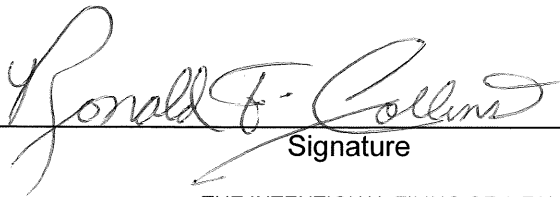
Part 13. Positions in For-Profit and Non-Profit Organizations

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

JAN. 12TH, 2017
Date

2016 - Update



Received
 MAR 28 2017
 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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

Name <i>RONALD F. COLLINS</i>	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address <i>401 HARVSBCKETT RD.</i>	District Number <i>34</i>
City/Town, State, Zip <i>WHEELS, ME. 04090</i>	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	

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
1-1-2016	RETIREMENT INCOME LINDA W. COLLINS	ICMA-RC	RETIREMENT 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

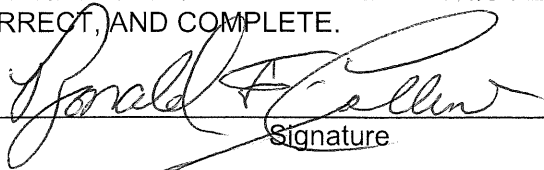
Date of Change	Name of Agency	Individual Receiving Compensation

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

3-28-17
Date