



**Received**  
 FEB 16 2016  
 Maine Ethics Commission

**COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

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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.

|  |   |
|--|---|
| Name<br><i>Victoria P. Kornfield</i>                                 | Office<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>48 Madison St</i>                              | District Number<br><i>125</i>   |
| City/Town, State, Zip<br><i>Bangor ME                      04401</i> | E-mail Address<br><i>torikornfield@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 |
|------------------|---------|---|-----------|
|                  |         |   |           |
|                  |         |   |           |

**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 |
|--|---|-----------------------|
| Maine Public Employees Retirement System | 48 State House Station<br>Augusta<br>04333-0046 | Pension               |
| Morgan Stanley<br>Smith Barney           | 23 Water St.<br>Bangor ME 04401                 | Stocks + Bonds        |
|  |   |                       |

**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<br>(do not list name of dependent child) | Employer's Name and Address                                      | Principal Type of Economic or Business Activity of Employer |
|---|--|---|
|   | U of Maine System Pension<br>16 Central St.<br>Bangor ME 04401   | Education<br>(retired)                                      |
|   | Social Security Admn<br>1-800-829-1040                           | Social Security   |
|   | State of New Hampshire<br>25 Capitol St<br>Concord NH 03301-6312 | DNA Consulting  |

**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<br>(do not list name of dependent child) | Source of Income<br>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 |
|---------------|------------------|---|
|               |                  |   |
|               |                  |   |

**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<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                    |
|                                   |       |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                    |
|                                   |       |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><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.

Victoria Kornfeld  
Signature

2/16/16  
Date