COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

INSTRUCTIONS: STATEMENT OF SOURCES OF INCOME FOR APPOINTED EXECUTIVE EMPLOYEES

2010 Calendar Year: January 1, 2010 - December 31, 2010

1. Please file this statement with the **Maine Ethics Commission no later than five (5) days prior to the public hearing** on your nomination held by the joint standing committee. This form is only for executive branch employees appointed by the Governor and confirmed by the Legislature.
2. Report the sources of income for you, your spouse or domestic partner, and your dependent children.
3. Report only specific sources of income. *Dollar amounts need not be listed.*
4. State law (5 M.R.S.A. § 19) requires executive employees to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law also requires executive employees to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
5. The completed statements are posted on the Commission's website and copies are made available to the public upon request.
6. Please **keep a copy** of this statement for your records.

Thank you for your cooperation.

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

"Employee" means a person in any employment position, including public or private employment, employment with a nonprofit, religious, charitable or educational organization, or any other compensated service under an expressed, implied, oral or written contract for hire, but does not include a self-employed person. Do not include sources of income received by your spouse or domestic partner or dependent child(ren) in this section. Include sources of income from both full and part-time employment, if applicable. Name each employer from whom you received compensation for services, including fees, commissions and payments in-kind. See example below.

Name of Employer	Address	Principal Type of Activity of Employer
Pinetree Counseling Associates	*201 Main Street, Pinetree City, Augusta, Maine*	*Counseling services*

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE (Sections A and B)

If you derive any income from self-employment or a law practice, complete both Parts 1 and 2 of this form. You are considered self-employed if you perform services for another under contract, but are not under the essential control or supervision of the other person while performing those services.

Section A. Enter the name and address of your business or law firm and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the entity's major areas of economic activity or practice. See example below.

Name and Address of Business Entity/Law Firm	Major Areas of Economic Activity/Practice	Major Areas of Economic Activity/Practice
CST, Inc., 65 Lincoln Street, Canton, Maine	*Substance abuse counseling training*	*Therapeutic counseling training*
Smith & Jones, 28 Hollywood Drive, Raymond, Maine	*Probate Wills*	*Workers' Comp, Personal Injury and Probate/Wills*

Section B. List each source of income derived from self-employment that represents more than 10% of your gross income or $1,000, whichever is greater. Specify the principal type of economic activity of the entity/person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity/person from whom the income was derived. If the amount received is under $1,000, you need not report the source. See example below.

Name of Source	Address	Principal Type of Economic Activity of Entity
Maine Healthcare, Inc	*12 Main Street, Ellsworth, Maine*	*Healthcare and counseling services*
Patients		*Counseling services*

PART 3. OTHER SOURCES OF INCOME

Do not list sources of income in this part that were listed in Parts 1 and 2 of this form. See example below. "Income" means economic gain to a person from any source, including, but not limited to:

- rents and royalties
- gains derived from property transactions
- income from discharge of indebtedness
- income from life insurance and endowment contracts
- income from an interest in an estate or trust
- pensions
- income from investments including interest, capital gains, and dividends
- annuities
- distributive share of partnership income
- prizes and grants.

In-kind income includes, but is not limited to, the transfer of property and options to buy or lease, and stock certificates. Income does not include gifts or alimony and separate maintenance payments.

Name of Source	Address	Kind of Income
Union Life Insurance Co.	*One Copley Plaza, Boston, MA*	*Annuity*
Peoples Mutual Funds	*Global Investment LLC, 40 Main Street, Bangor, ME*	*Investment*

Continued on back

Instructions (continued)

PART 4. REPORTABLE LIABILITIES

This section is used to report and update any reportable liability. Please remember that the law requires that these liabilities be reported to the Commission within 30 days of their occurrence. Do not list amounts owed. Do not list loans from a relative. "Relative" means an individual who is related to the employee or the employee's spouse as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, and includes the fiancé or fiancée of the employee.

"Reportable liability" does not include a credit card liability; an educational loan made or guaranteed by a governmental entity, educational institution, or nonprofit organization; a loan made from a state or federally regulated financial institution for business purposes; or a loan made as a campaign contribution recorded as required by law.

PART 5. REPORTABLE GIFTS

A gift is defined as anything of value, including forgiveness of an obligation or debt, given to a person without that person providing equal or greater consideration to the giver. "Gift" does not include

- gifts received from a single source during the reporting period with an aggregate value of $300 or less;
- bequests or other form of inheritance; and
- gifts received from a relative or from an individual on the basis of a personal friendship as long as that individual is not a registered lobbyists or lobbyist associate, unless the employee has reason to believe that the gift was provided because of the employee's official position and not because of a personal friendship.

PART 6. REPORTABLE HONORARIA

"Honorarium" means a payment of money or anything with a monetary resale value to you for an appearance or a speech by you in your official capacity. Honorarium does not include reimbursement for actual and necessary travel expenses for an appearance or speech, or payment for an appearance or a speech that is unrelated to your capacity or responsibilities as an executive employee.

PART 7. REPRESENTATION BEFORE STATE AGENCIES

Identify each state agency before which you or a member of your immediate family appeared for, represented, or assisted another for compensation in a matter before that state agency or authority. "Immediate family" means an employee's spouse or domestic partner or dependent child(ren).

PART 8. BUSINESS WITH STATE AGENCIES

Identify each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of $1,000 during the reporting period.

PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List only the type of economic activity representing each source of income of $1,000 or more received by your spouse or domestic partner or dependent child(ren) and the kind of income received. If your spouse or domestic partner received $1,000 or more of income, include their name and job title. For the purposes of this statement, a dependent child is one for whom an exemption is claimed when filing a Federal income tax return. Refer to Part 4 of instructions for a partial listing of sources of income. See example below.

Name of Spouse or Domestic Partner, Job Title	Type of Economic Activity	Relationship	Kind of Income
Name: *Jane Smith* Job Title: *Assistant Principal*	*1. Education* *2. Insurance* *3.*	Spouse or Domestic Partner	*1. Employment* *2. Dividend* *3.*
If dependent child(ren) receive more than $1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	*Hotel and Restaurant*	Dependent Child	*Employment*
	Camp counselor	Dependent Child	*Summer employment*

PART 10. OFFICER OR DIRECTOR POSITIONS

Identify any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature in the preceding calendar year and indicate whether the position was compensated or uncompensated. Indicate whether you or a family held the position. If the position was held by a family member, please indicate your relationship and the name of the family member.

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
Kennebec Historical Society *107 Winthrop Street* *Augusta, Maine 04330*	*Director*	*Self*		*No*
General Dynamics *2941 Fairview Park Drive* *Falls Church, Virginia 22042*	*Director*	*Spouse*	*Leslie*	*Yes*

Please tear off these instructions before returning the completed form to the Commission. Thank you.

2010 Calendar Year

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

APPOINTED EXECUTIVE EMPLOYEES
2010 INITIAL STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the **Maine Ethics Commission no later than five (5) days prior to the public hearing** on your nomination held by the joint standing committee. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. ***Please keep a copy of this form for your records.***

NAME AND CONTACT INFORMATION	
Name	Title
Department/Agency/Bureau/Division	Work Phone
Mailing Address, City, ZIP	

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of $1,000 or more. Specify the principal type of economic activity of each employer.

☐ None

Name of Employer	Address	Principal Type of Economic Activity of Employer

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE

A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.

☐ None

Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name: Address:		
Name: Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

B. List each source of income derived from self-employment or practice that represents more than 10% of your gross income or $1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	

PART 3. OTHER SOURCES OF INCOME

List each source of income of $1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.

☐ None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	
Name: Address:	

PART 4. REPORTABLE LIABILITIES

List the names of creditors for any <u>unsecured</u> loans of $3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans from a relative, loans that were made as campaign contributions, or business loans from regulated financial institutions. If none, check the box.

☐ None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

PART 5. REPORTABLE GIFTS

List the specific source of gifts received during the reporting period with an aggregate value of more than $300. If none, check the box.

☐ None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 6. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your official capacity or duties. If none, check the box.

☐ None

Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 7. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. If none, check the box.

☐ None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 8. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of $1,000 during the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.

☐ None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of $1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received $1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of $1,000 or more. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Job Title:	1. 2. 3.	1. 2. 3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

☐ None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?

SIGNATURE

I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.

_____ Signature

_____ Date

Unsworn falsification is a Class D crime.

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.

Part/Section Number	