



## **2014 ANNUAL DISCLOSURE STATEMENT FOR COMMISSION MEMBERS**

Covering January 1, 2014 – December 31, 2014. Due by 5:00 p.m. on February 17, 2015

| COMMISSION MEMBER INFORMATION  |  |       |
|--|--|-------|
| Name   |  |       |
| OCCUPATION and EMPLOYER INFORMATION  |  |       |
| Occupation   |  |       |
| Employer Name  |  |       |
| Employer Address   | City   | State |
| CANDIDACY FOR POLITICAL OFFICE   |  |       |
| Have you been a candidate for any elective office within the past year? If so, please list below.  |  |       |
| <input type="checkbox"/> No  |  |       |
| NAME OF OFFICE   | PLEASE INDICATE COUNTY, STATE, OR FEDERAL OFFICE                               |       |
|  |  |       |
|  |  |       |
| POSITIONS WITH POLITICAL COMMITTEES  |  |       |
| If you, your spouse, or domestic partner served as an officer, director, or primary decision-maker or fundraiser for any authorized candidate committees, political action committees, ballot question committees, or party committees during 2013, please identify the political committee and position held. |  |       |
| <input type="checkbox"/> None  |  |       |
| NAME OF POLITICAL COMMITTEE<br>AND POSITION HELD   | POSITION HELD BY:<br>(PLEASE CHECK THE APPROPRIATE BOX)                        |       |
| NAME OF COMMITTEE:<br><br>POSITION HELD:   | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |       |
| NAME OF COMMITTEE:<br><br>POSITION HELD:   | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |       |
| NAME OF COMMITTEE:<br><br>POSITION HELD:   | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |       |
| NAME OF COMMITTEE:<br><br>POSITION HELD:   | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |       |

**POSITIONS WITH COMMERCIAL ORGANIZATIONS**

Please list all commercial organizations for which you, your spouse, or domestic partner are an owner, officer, director, or primary decision-maker or fundraiser if the organization spent more than \$1,500 during 2013 to influence an election for state, county, or municipal office, or a local or statewide ballot question in Maine, or employed a lobbyist who was required to register with the Commission.

None

| NAME OF COMMERCIAL ORGANIZATION AND POSITION HELD | POSITION HELD BY:<br>(PLEASE CHECK THE APPROPRIATE BOX)                        |
|---|--|
| NAME OF ORGANIZATION:<br><br>POSITION HELD:       | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |
| NAME OF ORGANIZATION:<br><br>POSITION HELD:       | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |

**POSITIONS WITH NON-PROFIT OR OTHER ORGANIZATIONS**

Please list all non-profit organizations, community groups, or other organizations for which you, your spouse, or domestic partner are an officer, director, or primary decision-maker or fundraiser if the organization spent more than \$1,500 during 2013 to influence an election for state, county, or municipal office, or a local or statewide ballot question in Maine, or employed a lobbyist who was required to register with the Commission.

None

| NAME OF NON-PROFIT OR OTHER ORGANIZATION AND POSITION HELD | POSITION HELD BY:<br>(PLEASE CHECK THE APPROPRIATE BOX)                        |
|--|--|
| NAME OF ORGANIZATION:<br><br>POSITION HELD:                | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |
| NAME OF ORGANIZATION:<br><br>POSITION HELD:                | <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER |

**POLITICAL FUNDRAISING AND CANDIDATE ENDORSEMENTS**

If you endorsed a political candidate or engaged in any political fundraising to promote the election or defeat of a candidate or the passage or defeat of a ballot question in Maine during 2013, please identify the candidate or ballot question. Do not include candidates at the county or municipal level, or out-of-state non-federal elections.

None

| NAME OF CANDIDATE OR BALLOT QUESTION |
|--------------------------------------|
|                                      |
|                                      |

**ADDITIONAL COMMENTS**

Please indicate whether you are involved with any organization or in any activity, not listed above in this form or in any of the materials presented by you to the Governor or the Legislature at the time of your appointment, which in your view would give rise to an appearance of a conflict of interest with regard to your role as a Commission member.

**Please sign and date.**

|           |       |
|-----------|-------|
| _____     | _____ |
| SIGNATURE | DATE  |