



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

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2014 Calendar Year: January 1, 2014 - December 31, 2014

Check here if this statement is an update or amendment of a previously filed statement.

Form with fields for Name (ANNE H. BEEBE-CENTER), Office (House checked), Mailing Address (14 EDWARDS ST), District Number (93), City/Town, State, Zip (RICKLAND, ME 04841), and E-mail Address (STATEHOUSE93@GMAIL.COM).

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., February 17, 2015.

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 duly recorded as required by law 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 | | | |
|--|--------------------------|---|------------------|
| <input type="checkbox"/> 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 |
| Penavis Comm. Admin Assoc | Hallow St, Barber, ME | Social Services | REGIONAL MGR. |
| | | | |

| Part 2. Income from Self-Employment | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> 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 |
| STARBUCK ASSOCIATE | 14 EDWARDS ST ROCKLAND, ME 04841 | COMMUNITY ORGANIZER |
| | | |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
| KNOX COUNTY HOMELESS WAULTON | P.O. BOX 1696 ROCKLAND, ME 04841 | BUSINESS ORGAN- IZATION |
| | | |
| | | |

| Part 3. Business Entities | | |
|--|---------|---|
| <input checked="" type="checkbox"/> 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 | | | | |
|---|---------|------------------------------|--------------------------------|---|
| <input checked="" type="checkbox"/> 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 |
|----------------|---------|-----------------------|
| | | |
| | | |
| | | |

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 (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 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 |
|--|--------------------------------------|----------------|
| | | |
| | | |
| | | |

| Part 7. Loans | | |
|--|------------------|---|
| <input checked="" type="checkbox"/> 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 | |
|---|----------------|
| <input checked="" type="checkbox"/> None. Check this box if you did not received any gifts. | |
| Source of Gift | Source of Gift |
| 1. | 2. |
| 3. | 4. |

| Part 9. Honoraria | |
|--|---------------------|
| <input checked="" type="checkbox"/> 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 | | |
|---|-----------------------------------|-------|
| <input checked="" type="checkbox"/> 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. | | |

| Part 11. Conducting Business with State Agencies | | |
|---|---|---------------------------------|
| <input checked="" type="checkbox"/> 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 | |
|--|---|
| <input checked="" type="checkbox"/> 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 | | | | |
|--|-------|-------------------------|---|--------------------|
| <input type="checkbox"/> 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 |
| CHAIR BOARD & Dir. Knox County Health Coalition | | | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | N |
| CHAIR BOB KNOX County Community Health Coalition (CHC) | | | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | N |
| CHAIR BOB DISTRICT COORDINATOR (CHC HEALTH DISTRICT) | | | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | N |

| SIGNATURE | |
|---|--------|
| I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE. | |
|  | 8-4-15 |
| Signature | Date |
| THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B)) | |

ADDITIONAL INFORMATION

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 | |
|-------------|---|
| 14 | SECRETARY BOARD Trustees 1st Universalist Church Rockland |
| 14 | SECRETARY/VP BOD Area Intergroup Outreach Food Pantry - Rockland |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |