



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.

Name: Stacey Guerin, Office: [X] House [] Senate, Mailing Address: 79 Phillips Rd, District Number: 102, City/Town, State, Zip: Glenburn, Me. 04401, E-mail Address: repguerin@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 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
Me State Legislature	3 State House Station Augusta Me.	Government	Representative

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
R.M. Flagg	1212 State St Vero Beach, Me. 04401	Food Service Equipment

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

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

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
Bruce Flagg	1338 State St Veazie, Me 04401	Retired

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. Women in Government	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.		

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
<i>see attached sheet</i>		

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.

Stacey Guerin
Signature

2/20/15
Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))

RM FLAGG COMPANY
Sales to State – Schools – Institutions
2014

Aroostook CAP	Airline Community School
Aroostook Medical Center	Bangor Nursing & Rehab
Bangor School Department	City of Bangor
Bartlett Woods	Belfast Area Child Center
Birch Bay Village Retirement Ctr	Brewer Rehab & Living
Brewer School Department	Brooklin School Department
Bucksport School Department	Bucksport Senior Center
CA Dean Hospital	Caribou School Department
Charleston Correctional Facility	Charlotte School
Cherryfield School Department	College of the Atlantic
Colonial Healthcare	Corinth SAD 64
Courtland Rehab Center	Cutler School Dept. MSU 34
Deer Isle Stonington School Dept	Dexter Healthcare
Dexter Regional High School	Dirigo Pines
Dixfield/Rumford School RSU10	Dorothea Dix Psych Center
Downeast Community Hospital	Downeast Correctional Facility
Eastern Area Agency on Aging	Eastern Aroostook RSU 39
Eastern Maine Community College	Eastern Maine Medical Center
Eastern Maine Health Care	Eastport Senior Center
Town of Eustis	Ft Fairfield School SAD 20
Town of Frenchville	Gardiner School SAD 11
George Stevens Academy	Glenburn School RSU 26
Town of Greenville	Hampden School RSU 22
Hancock County Tech Center	Helen Dunn School
Hilltop Preschool	Hodgdon Schools SAD 70
Holden School SAD 63	Houlton Regional Hospital
Husson University	Indian Island School
Indian Township School	Inland Hospital
Island Nursing Home	Jackson Laboratory
John Bapst High School	Katahdin Healthcare
Kennebec Valley Com. College	Ellen Leach Memorial Home
Elizabeth Levinson Center	Lewis Libby School
Limestone Fire Dept	Lincoln Schools RSU 67
Loring Job Corp Center	Machias School AOS 96
Madawaska High School	Madigan Estates
Madison Schools MSAD 59	Maine Coast Memorial Hospital
Maine Criminal Justice Academy	Maine Dept. of Agriculture
Maine Medical Center	Maine Sea Coast Mission
Maine State Prison	Maine Veterans Home
Mayo Regional Hospital	MCI School

The Meadows
Millinocket Regional Hospital
Milo SAD 41
Mt. Jefferson Junior High School
Newport Schools SAD 48
Northern Maine Medical Center
Orono School Dept
Penobscot Comm. Health Center
Penobscot Indian Nation Soc. Svc
Penobscot Valley Hospital
Phillips-Strickland House
Portland Public Schools
Quarry Hill
Richmond High School
RSU 13
Skyhaven Aroostook Mental Health
St. Joseph Hospital
Stearns Assisted Living
Sylvia Ross Home
Tri County Tech SAD 46
United Way of Eastern Maine
University of Maine
Waldo CAP
Washburn SAD 45
Windham School RSU 14

Meals for Me
Town of Millinocket
Mt. Desert Island Hospital
Narraguagus High School
North Anson RSU 74
Old Town Fire Dept
Pemetec Elementary School
Penobscot County Jail
Penobscot Job Corps Academy
Penquis CAP
Piscataquis County Jail
Presque Isle Rehab Center
Regional 3 Voc School
Ross Manor
Sarah's House of Maine
Somerset Rehab
State of Maine Dept. of Labor
Stillwater Healthcare
Tall Pines Healthcare
Troy Howard Middle School
Unity School SAD3
Town of Veazie
Waldo County General Hospital
Washington Community College