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MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by **5:00 p.m. on February 19, 2010**. 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.

LEGISLATOR INFORMATION	
Name <i>ANDRE E. CUSHING III</i>	Office: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing address <i>P.O. Box 211</i>	District <i>39</i>
City, zip code <i>HAMPDEN, ME 04444</i>	Phone <i>449-1358</i>

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.		
Name of Employer	Address	Principal Type of Economic Activity of Employer
<i>CUSHING FAMILY CORP.</i>	<i>P.O. BOX 603 HAMPDEN</i>	<i>MANAGEMENT COMPANY</i>

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)		
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: <i>ANDRE CUSHING, REALTOR</i>	<i>REAL ESTATE</i>	<i>REAL ESTATE</i>
Address: <i>ERA DAWSON BRADFORD CT 417 MAIN ST BANGOR</i>	<i>AGENT</i>	
Name: <i>COLONIAL CONTRACTING CORP</i>	<i>HOME</i>	<i>HOME CONSTRUCTION</i>
Address: <i>P.O. BOX 687 HAMPDEN</i>	<i>BUILDER</i>	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT
(For Legislators who are self-employed.)

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, 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: N.E. FOREST PRODUCTS LLC Address: P.O. BOX 727 HAMPDEN MA 04444	FORESTRY
Name: Address:	

PART 3. MAJOR AREAS OF PRACTICE
(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address: N/A		
Name: Address:		

PART 4. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.

None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: CUSHING FAMILY CORP. Address: P.O. BOX 603 HAMPDEN	DISTRIBUTIONS
Name: Address:	

PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured 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 liability or loans from a relative. If none, check the box.

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: CUSHING FAMILY CORP. Address: P.O. BOX 603 HAMPDEN	MANAGEMENT CO.
Name: Address:	

PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

None

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

PART 7. REPORTABLE HONORARIA

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

None

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

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None

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

PART 9. 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. If none, check the box.

None

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

PART 10. 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, their name and job title are listed. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: GWEN CUSHING Job Title: ACCOUNT MGR.	1. TELECOMMUNICATIONS 2. MANAGEMENT CO 3.	Spouse or Domestic Partner	1. SALARY 2. DISTRIBUTION 3. DIRECTOR
	MANAGEMENT CO ANDRE IV	Dependent Child	DISTRIBUTION
	MANAGEMENT CO GERALD	Dependent Child	DISTRIBUTION
	MANAGEMENT CO GRACE	Dependent Child	DISTRIBUTION

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.

PART 11. 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 member 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?
CUSHING FAMILY CORP.	TREAS. DIRECTOR	ME ME & SPOUSE	GWEN	YES YES (BOTH)
N.E. FOREST PRODUCTS	MGR.	ME		YES
COLONIAL CONTRACTING CORP	PRES.	ME		YES

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)


Signature

2/17/10
Date

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.

Part/Section
Number

Part/Section Number	
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