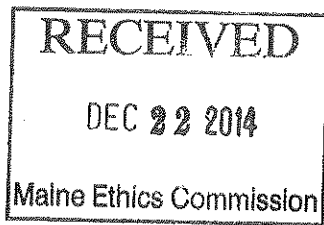


2014 Calendar Year



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

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 Michael T. Hoaly

OCCUPATION and EMPLOYER INFORMATION

Occupation Retired

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.

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.

None

NAME OF POLITICAL COMMITTEE AND POSITION HELD	POSITION HELD BY: (PLEASE CHECK THE APPROPRIATE BOX)
NAME OF COMMITTEE: POSITION HELD:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER
NAME OF COMMITTEE: POSITION HELD:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER
NAME OF COMMITTEE: POSITION HELD:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER
NAME OF COMMITTEE: 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 2014 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: (PLEASE CHECK THE APPROPRIATE BOX)
NAME OF ORGANIZATION: POSITION HELD:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER
NAME OF ORGANIZATION: 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 2014 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: (PLEASE CHECK THE APPROPRIATE BOX)
NAME OF ORGANIZATION: POSITION HELD:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE/DOMESTIC PARTNER
NAME OF ORGANIZATION: 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 2014, 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.

Thomas T. Healy
SIGNATURE

12/22/14
DATE