

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Rev. 11/30/2012

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

LEGISLATOR'S STATEMENT OF BID ON STATE CONTRACT

All Legislators or associated organizations bidding on a contract with a Maine State agency must submit this disclosure statement with the Ethics Commission no later than 5:00 p.m. on the day the bid is submitted. (1 M.R.S.A. § 1016-D) "Associated organization" means any organization in which a Legislator or a member of the Legislator's immediate family is a managerial employee, director, officer, or trustee, or owns or controls, directly or indirectly, and severally or in the aggregate, at least 10% of the outstanding equity.

(1 M.R.S.A. § 1012(1-A))		
LEGISLATOR INFORMATION		
Name Any Roeder Mailing address	Office: Senate S	
Mailing address	District	
46 Blackstone St.	23	
Bangor, ME 04401	Phone 646-734-5748	
NAME OF ASSOCIATED ORGANIZATION (if appl	licable)	
Name		
Together Place Peer Run Recovery Center		
2 Second St. Bangon, ME 04401		
NAME OF STATE AGENCY		
Department/bureau/agency name		
Dept. of Health? Human Services (Office of Behaviora)		
SUBJECT MATTER OF BID AND SUBMISSION DATE		
Subject matter of bid		
Mental Health Peer Support Centers Services Expected date of submission		
12/20/24		
SIGNATURE		
Signature of Legislator or Organization's Representative	20-24 Date	



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(1 M.R.S.A. § 1012(1-A))		
LEGISLATOR INFORMATION		
Joseph Perry Mailing address	Office: Former Senate District	
102 Garland St. City, zip code	Phone	
Bouger, ME 04401	207-639-5295	
NAME OF ASSOCIATED ORGANIZATION (if applicable)		
Name		
Together Place Peer Run Recovery Center		
2 Second St, Bougar, ME 04401		
NAME OF STATE AGENCY		
Department/bureau/agency name		
Dept. of Health & Human Services (Behavioral Health)		
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(1 M.N.S.A. § 1012(1-A))	
LEGISLATOR INFORMATION	
Name Laura Supica	Office: House Senate
34 Highland Ave	District
Bongon ME 04401	Phone 207-717-5702
NAME OF ASSOCIATED ORGANIZATION (if appl	licable)
Name	
Together Place Peer Run Recovery	
2 Second St, Bongor, ME out)(
NAME OF STATE AGENCY	
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