

**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 <i>Amy Roeder</i>	Office: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing address <i>46 Blackstone St.</i>	District <i>23</i>
City, zip code <i>Bangor, ME 04401</i>	Phone <i>646-734-5748</i>

NAME OF ASSOCIATED ORGANIZATION (if applicable)
Name <i>Together Place Peer Run Recovery Center</i>
Address <i>2 Second St, Bangor, ME 04401</i>

NAME OF STATE AGENCY
Department/bureau/agency name <i>Dept. of Health & Human Services (Office of Behavioral Health)</i>

SUBJECT MATTER OF BID AND SUBMISSION DATE
Subject matter of bid <i>Mental Health Peer Support Centers Services</i>
Expected date of submission <i>12/20/24</i>

SIGNATURE	
<i>Amy Roeder</i> Signature of Legislator or Organization's Representative	<i>12-20-24</i> Date

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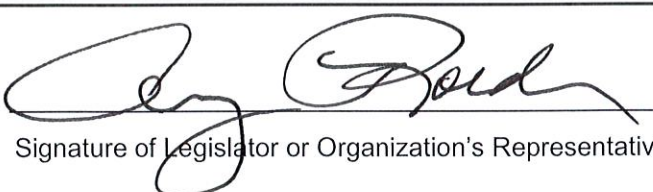
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LEGISLATOR INFORMATION	
Name Joseph Perry	Office: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate → former
Mailing address 102 Garland St.	District 24
City, zip code Bangor, ME 04401	Phone 207-639-5295

NAME OF ASSOCIATED ORGANIZATION (if applicable)
Name Together Place Peer Run Recovery Center
Address 2 Second St, Bangor, ME 04401

NAME OF STATE AGENCY
Department/bureau/agency name Dept. of Health & Human Services (Office of Behavioral Health)

SUBJECT MATTER OF BID AND SUBMISSION DATE
Subject matter of bid Mental Health Peer Support Centers Services
Expected date of submission 12-20-24

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LEGISLATOR INFORMATION

Name

Laura Supica

Office:



House



Senate

Mailing address

34 Highland Ave

District

22

City, zip code

Bangor, ME 04401

Phone

207-717-5702

NAME OF ASSOCIATED ORGANIZATION (if applicable)

Name

Together Place Peer Run Recovery Center

Address

2 Second St, Bangor, ME 04401

NAME OF STATE AGENCY

Department/bureau/agency name

Dept. of Health & Human Services (Office of Behavioral Health)

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