**COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

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Received
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Maine Ethics Commission

# STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

*2019 Calendar Year: January 1, 2019 - December 31, 2019*

☐ **Check here if this statement is an amendment of a previously filed statement.**

| | |
|---|---|
| Name: PAUL T. DAVIS JR | Office: ☐ House ☒ Senate |
| Mailing Address: 36 Townhouse Rd. | District Number: 4 |
| City/Town, State, Zip: Sangerville, Me. 04479 | E-mail Address: SENDAVIS@Myottmail.Com |

**FILING DEADLINE**

Please file this statement with the Clerk of the House or Secretary of the Senate by **5:00 p.m., Friday, February 18, 2020.**

## GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- **Complete all sections. If a section is not applicable, check the box labeled "None" for that section.**
- A glossary is located in the back of this form.
- If completing this form by hand, **PLEASE WRITE LEGIBLY.**
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. **Dollar amounts should not be reported.**
- Campaign contributions and Maine Clean Election Act payments should 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.

## IMPORTANT NOTICE: 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)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. 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 |
|---|---|---|---|
| Maine State Legislature | State House Augusta, ME | Government | Legislator |
| | | | |

## 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 |
|---|---|---|
| Rental Business | 36 Town House Rd Sangerville, Me. | Housing Rental |
| | | |

## 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 |
|---|---|---|
| Maine Peoples Retirement system | Sewer 11 St. Augusta, Me. | |
| | | |
| | | |

## 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 |
|---|---|---|
| Bangor Savings Bank | East Main St. Dover-Foxcroft, Me | Home Loan |
| | | |

## Part 8. Gifts, Including Travel and Accommodations

☒ None. Check this box if you did not receive any gifts.

| Source of Gift | Description of Gift |
|---|---|
| | |
| | |

## 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. | | |
| 3. | | |

## 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 |
|---|---|---|
| | | |
| | | |
| | | |

## 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 |
|---|---|---|---|---|
| Sportsman's Alliance of Maine | Board Member | Paul Davis | ☒ Self<br>☐ Spouse<br>☐ Dependent | No |
| | | | ☐ Self<br>☐ Spouse<br>☐ Dependent | |
| | | | ☐ Self<br>☐ Spouse<br>☐ Dependent | |

## SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

Paul Davis Jr.
Signature

1-8-2020
Date

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