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 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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 PHONE: 207-287-4179

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 <i>Stacey Guerin</i>	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address <i>79 Phillips Rd</i>	District Number <i>10</i>
City/Town, State, Zip <i>Glenburn, Me 04401</i>	E-mail Address <i>stacey.guerin@legis.state.me.gov</i>

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](http://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
R. M. Flagg	1212 State St. Veazie, Me 04401	food service equipment

**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

**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
Joseph Guerin	R. M. Flagg 1212 State St. Vearie, ME 04401	Food service equipment

**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
Joseph Guerin	R. M. Flagg 1212 State St. Vearie, ME 04401	

**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

**Part 8. Gifts, Including Travel and Accommodations**

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

Source of Gift	Description of Gift
<del>Women in Government</del>	<del>conference attendance + flight</del>
<del>Statesman's Academy</del>	<del>conference attendance + flight</del>
<del>Ed Choice</del>	<del>conference " " "</del>
<del>American Legislative Exchange Council</del>	<del>" " " "</del>

**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
<i>See attached</i>		

**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
<i>Women in Government Washington, DC</i>	<i>Board chair</i>	<i>Stacey Guerin</i>	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<i>no</i>
<i>Maine Hospitality ASSO.</i>	<i>Board member</i>	<i>Stacey Guerin</i>	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<i>no</i>
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	

**SIGNATURE**

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

*Stacey Guerin*  
Signature

*2/11/2020*  
Date

2019-2020

REP. STACEY GUERIN  
ORGANIZATION - RM FLAGG COMPANY  
FOOD SERVICE EQUIPMENT & SUPPLIES SOLD TO STATE AGENCIES

Acadia Hospital	Affiliated Laboratory
Aroostook Medical Center	Bangor Nursing & Rehab
Bangor School Department	City of Bangor
Bartlett Woods	Auburn Lewiston Airport
Birch Bay Village Retirement Ctr	Brewer Rehab & Living
Brewer School Department	Beach Hill School Union 92
Bucksport School Department	Blue Hill Fire Dept
CA Dean Hospital	Caribou School Department
Charleston Correctional Facility	Charlotte School
College of the Atlantic	Blue Hill Memorial Hospital
Colonial Healthcare	Corinth SAD 64
Bremen Fire Dept	Brooksville School Union 93
Dept Dexter Healthcare	Calais Regional Hospital
Dirigo Pines	Connor Consolidated School
Dorothea Dix Psych Center	Cross Insurance Center
Downeast Community Hospital	Eastport Memorial Nursing Home
Eastern Area Agency on Aging	Eastern Aroostook RSU 39
Eastern Maine Community College	Eastern Maine Medical Center
Eastern Maine Health Care	Eastport Senior Center
Ft Fairfield School SAD 20	Edna Drinkwater School
Ellsworth School Dept	Farmington School RSU9
Glenburn School RSU 26	Foxcroft Academy
Town of Greenville	Hampden School RSU 22
Hancock County Tech Center	Helen Dunn School
Hilltop Preschool	Hermon School Dept
Holden School SAD 63	Indian Township Tribal Government
Husson University	Indian Island School
Indian Township School	Milford School Dept
Island Nursing Home	Jackson Laboratory
John Bapst High School	Katahdin Healthcare
Kennebec Valley Com. College	Ellen Leach Memorial Home
Elizabeth Levinson Center	Lewis Libby School
Lincoln Schools RSU 67	Northport School Dept
Machias School AOS 96	Town of Orono
Madigan Estates	Penobscot School
Madison Schools MSAD 59	Maine Coast Memorial Hospital
Maine Dept. of Education	Presque Isle School Dept
Maine Medical Center	Ridge View Community School
Maine State Prison	Maine Veterans Home

Mayo Regional Hospital  
The Meadows  
Millinocket Regional Hospital  
Mt. Desert Island Hospital  
Narraguagus High School  
Newport Schools SAD 48  
St Croix Reg. Tech Center  
Orono School Dept  
Penobscot Comm. Health Center  
Penobscot Job Corps Academy  
Penobscot Valley Hospital  
Phillips-Strickland House  
Regional 3 Voc School  
Skyhaven Aroostook Mental Health  
Stearns Assisted Living  
Sylvia Ross Home  
Troy Howard Middle School  
Waldo CAP  
Washburn SAD 45  
Windham School RSU 14

RSU 14  
RSU 24 Sullivan  
School Union 93  
Searsport School  
Sedgwick School  
Skowhegan School SAD54  
United Tech Center  
Unity School RSU3  
Penobscot County Jail  
Westbrook School Dept  
Penquis CAP  
Quarry Hill  
Ross Manor  
St. Joseph Hospital  
Stillwater Healthcare  
Tri County Tech SAD 46  
University of Maine  
Waldo County General Hospital  
Washington Community College