

Commission on Governmental Ethics and Election Practices
 135 State House Station
 Augusta, ME 04333
 www.maine.gov/ethics
 Phone (207) 287-4179
 Fax (207) 287-6775

AMENDMENT TO STATEMENT OF SOURCES OF INCOME

Name: Janet T. Mills	Position: Governor
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Part 1. Income From Employment by Another

Date of Change:

Name and Address of Employer	
Principal Type of Economic or Business Activity of Employer:	Job Title:

Part 2. Income From Self-Employment

Date of Change:

Name and Address of Your Business:
Principal Type of Economic or Business Activity:
Name and Address of Customer/Client, if required:
Customer/Client's Principal Type of Economic or Business Activity:

Part 3. Business Entities

Date of Change:

Name and Address of Business:
Principal Type of Economic or Business Activity:

Part 4. Income from the Practice of Law

Date of Change:

Name and Address of Practice or Firm:		
Firm's Major Areas of Practice:	Your Major Areas of Practice:	Position (Partner, Associate, Sole Practitioner):

Part 5. Income from any Other Source

Date of Change: CY 2019;2021-2024

Name and Address of Income Source: UBS Financial Services Inc.; 1 City Ctr, Floor 10, Portland, ME 04101
Description of Income: Required Minimum Distribution

Part 6-A. Income of Immediate Family Members

Date of Change:

Name of Family Member:	Job Title:
Name and Address of Employer:	Employer's Principal Type of Economic or Business Activity:

Part 6-B. Other Source of Income of Immediate Family Members Date of Change:

Name of Family Member:	Type of Income:
Name and Address of Source of Income:	

Part 7. Loans and Liabilities

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

Part 8. Gifts (including travel and accommodations)

Date of Change:

Source of Gift:	Source of Gift:
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Part 9. Honoraria

Date of Change:

Source of Honoraria:	Source of Honoraria:
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Part 10. Positions in PACs, BQCs or Party Committees

Date of Change:

Committee Name:	
Name of Legislator or Family Member:	Title:

Part 11. Conducting Business with State Agencies

Date of Change:

Name of Agency:
Name of Individual/Organization Selling Goods or Services:
Description of Goods or Services:

Part 12. Representing Others before State Agencies

Date of Change:

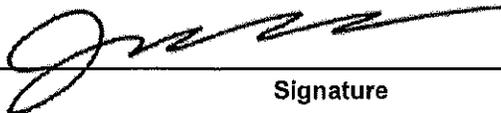
Name of Agency:
Name of Individual Receiving Compensation:

Part 13. Positions in For-Profit and Non-Profit Organizations

Date of Change:

Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.



Signature

March 24, 2026

Date