



**Received**  
**FEB 18 2020**  
 Maine Ethics Commission

**COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333  
 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE  
 WEBSITE: WWW.MAINE.GOV/ETHICS  
 EMAIL: ETHICS@MAINE.GOV  
 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<br><i>Rena Newell</i>                      | Office<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>PO BOX 329</i>            | District Number<br><i>PASSAMAQUODDY</i>   |
| City/Town, State, Zip<br><i>Perry, ME 04127</i> | E-mail Address<br><i>RENA@WABNAKI.COM</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                                  | Industry          | Occupation                       |
|--|--|-------------------|----------------------------------|
| Maine State Legislature                        | State House<br>Augusta, ME               | Government        | Legislator                       |
| <i>PASSAMAQUODDY<br/>SANTRIBAL<br/>COUNCIL</i> | <i>PO BOX 343<br/>Penikese<br/>04467</i> | <i>Government</i> | <i>Tribal<br/>Representative</i> |

Part 2. Income from Self-Employment

None. Check this box if you did not have income from self-employment.

| Name of Business | Address | Industry |
|------------------|---------|----------|
|                  |         |          |
|                  |         |          |
|                  |         |          |
|                  |         |          |
|                  |         |          |

Part 3. Business Ownership

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 | Industry |
|------------------|---------|----------|
|                  |         |          |
|                  |         |          |

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 Law Firm | Address | City | State | Zip |
|------------------|---------|------|-------|-----|
|                  |         |      |       |     |
|                  |         |      |       |     |

None. Check this box if you did not have income from any other source.

| Name | Employer | Total amount of income |
|------|----------|------------------------|
|      |          |                        |
|      |          |                        |
|      |          |                        |

**Part A Compensation and Income of 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 relationship to taxpayer (do not include non-dependent family members) | Employer (do not include self) | Total amount of income from employment |
|---|--------------------------------|--|
|   |                                |  |
|   |                                |  |
|   |                                |  |

**Part 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 (do not include dependent family members) | Source of income (do not include self) | Total amount of income |
|--|--|------------------------|
|  |  |                        |
|  |  |                        |
|  |  |                        |

None. Check this box if you did not have reportable liabilities.

| Organization          | Location                   | Amount | Category         |
|-----------------------|----------------------------|--------|------------------|
| St Croix Credit Union | 2330 Ave<br>Barbyville, Me | 10000  | Personal Medical |
|                       |                            |        |                  |

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

| Organization     | Location | Amount | Category   |
|------------------|----------|--------|--|
| Waberraki Health |          |        | TRAVEL CHEEK FOR<br>TRAVEL AWARDS<br>NATIONAL KNEE AND EDUCATION<br>ASSOCIATION CONFERENCE |
|                  |          |        |  |

None. Check this box if you did not receive honoraria.

| Organization | Location | Amount | Category |
|--------------|----------|--------|----------|
| 1.           |          | 2.     |          |
| 3.           |          | 4.     |          |

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.

| Organization | Name of Individual | Title |
|--------------|--------------------|-------|
| 1.           |                    |       |
| 2.           |                    |       |
| 3.           |                    |       |

**Part 1: Did you or your immediate family do business with any State agency?**

None. Check this box if neither you nor your immediate family did business with any State agency.

| Name of Agency | Business Done | Date of Business |
|----------------|---------------|------------------|
|                |               |                  |
|                |               |                  |
|                |               |                  |

**Part 2: Did you or your immediate family represent another before a State agency?**

None. Check this box if neither you nor your immediate family represented another before a State agency.

| Name of Agency | Name of Individual Representing |
|----------------|---------------------------------|
|                |                                 |
|                |                                 |
|                |                                 |

**Part 3: Did you or your immediate family hold positions in any for-profit or 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.

| Name of Organization | Position Held | Relationship to Individual   | Date |
|----------------------|---------------|--|------|
|                      |               | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |      |
|                      |               | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |      |
|                      |               | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><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.

  
 \_\_\_\_\_  
 Signature

2/18/2020  
 \_\_\_\_\_  
 Date