



Received  
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Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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FINAL STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

Name: Marc P. Ayotte	Department: Maine Labor Relations Board
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REQUIREMENT TO FILE A FINAL STATEMENT OF SOURCES OF INCOME

An executive employee whose employment has terminated shall file a statement of finances as described in subsection 2 and a statement of positions as described in subsection 2-A within 45 days after the termination of employment relating to the final calendar year of the employment. (5 M.R.S.A. § 19 (3-A)) Please report only new information. Do not include information that you previously reported.

LAST DAY OF EMPLOYMENT: October 31, 2018

PART 1. INCOME FROM EMPLOYMENT BY ANOTHER  None

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

PART 2. INCOME FROM SELF-EMPLOYMENT  None

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  None

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

PART 4. INCOME FROM THE PRACTICE OF LAW  None

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

PART 5. INCOME FROM ANY OTHER SOURCE  None

Name and Address of Income Source: National Financial Services, 100 Crosby Parkway, Covington KY 41015
Description of Income: Investment Income

**PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS**

None

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**

None

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

**PART 7. LOANS AND LIABILITIES**

None

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

**PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)**

None

Source of Gift:	Source of Gift:
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**PART 9. HONORARIA**

None

Source of Honoraria:	Source of Honoraria:
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**PART 10. POSITIONS IN PACs, BQCs OR PARTY COMMITTEES**

None

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

**PART 11. CONDUCTING BUSINESS WITH STATE AGENCIES**

None

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

**PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES**

None

Name of Agency:
Name of Individual Receiving Compensation:

**PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS**

None

Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Official	Compensated
Marc P. Ayotte	New England Consortium of State Labor Relations Agencies c/o VT Labor Relations Board 133 State Street Montpelier VT 05633-6101	Director	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Marc P. Ayotte	Westwind Cond Ass'n c/o Muhlstein Valley Property Corra Bissett Valley ME 04947	Board President	Self	No

**CERTIFICATION**

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

Marc P. Ayotte  
Signature

October 29, 2018  
Date