



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
PHONE: 207-287-4179
FAX: 207-287-6775

APR 26 2019

UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: Ryan Fecteau
Office & District Number: [X] House 11 [] Senate

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of income within 30 days of a substantial change in income, reportable liabilities, or positions of the Legislator and the Legislator's spouse or domestic partner that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include, but are not limited to, a new employer or other source of income of \$2,000 or more; a new position in a political committee or for-profit or non-profit organization; a new unsecured loan of \$3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only new information. Do not include information that you previously reported.

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: 03/29/19

Name and Address of Your Business: Self-employed
Principal Type of Economic or Business Activity: social media/communications
Name and Address of Customer/Client, if required: 104 Perkins Cove Rd, Ogunquit, ME 03907
Customer/Client's Principal Type of Economic or Business Activity: Retail Store

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:

Name and Address of Income Source:
Description of Income:

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 (INCLUDES TRAVEL AND ACCOMODATIONS)

Date of Change:

Source of Gift:	Source of Gift:
-----------------	-----------------

PART 9. HONORARIA

Date of Change:

Source of Honoraria:	Source of Honoraria:
----------------------	----------------------

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:

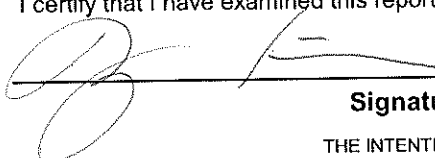
PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS

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

SIGNATURE

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



 Signature

 04/23/19
 Date