

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE

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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

2018 Calendar Year

Check here if this statement is an update or amendment of a previously filed statement.

Name	Job Title
Heather Johnson	Acting Commissioner
Department Department of Economic and Community Development	Phone (work) (207) 215-9892
Mailing Address (work) 59 State House Station, Augusta, Me 04333	E-mail Address (work) heather.johnson@maine.gov

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- · 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 need not be listed.

Please keep a copy of this statement for your records!

REPORTING DEADLINES

Constitutional Officers and the State Auditor

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by <u>April 15</u> of each year they are in office, unless a report for that year has already been filed.

Appointed Executive Employees

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by <u>April 15</u> of each year of their employment, unless a report for that year has already been filed.

Executive Employees in Major Policy-Influencing Positions

Executive employees in major policy-influencing positions must file the financial disclosure statement by <u>April 15</u> of each year of their employment.

Leaving Office or Terminating Employment

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Executive branch employees are required to update their financial disclosure statement within 30 days of a substantial change in income, reportable liabilities or positions of the executive branch employee or an immediate family member (except dependent children) that occurs in the current calendar year. (5 M.R.S.A. § 19(3)(C)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the executive branch employee 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 executive branch employee, 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.

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 Ec Business Activity of			
Part 2. Income from Self-Employ				
□ 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		
Partnerships for Nonprofits	PO Box 990, Skowhegan, ME 04976	Social Services Software		
KER Associates	PO Box 990, Skowhegan, ME 04976	Real Estate		
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 an	d 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		
Partnerships for Nonprofits also dba Reach	PO Box 990, Skowhegan, ME 04976	Social Services/Software		
KER Associates	PO Box 990 Skowhegan, ME 04976	Real Estate		
Part 4. Income from the Practice of Law				
None. Check this box if you did	I not have income from the practice of la	aw.		
Name of Practice or Firm Addres	SS Your Major Areas Firm of Practice	n's Major Areas of Practice Position: Partner, Associate, Sole Practitioner		

Part 5. Income from Any Other Source	e	
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 In		seems of \$2,000 or more from
 None. Check this box if no member employment or compensation. 	s of your immediate family received in	come of \$2,000 or more from
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
Jeffrey Johnson, Executive Director	Children's Center	School for children with developmental delays age 0-6.
Part 6-B. Other Sources of Income of		
 None. Check this box if no member other source. 	s of your immediate family received in	ncome of \$2,000 or more from any
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
Jeffrey Johnson	Partnerships for Nonprofits	Software Service
Jeffrey Johnson	KER Associates	Rental Income

Part 7. Loans				
■ None. Check this box if you did	l not have rep	portable liabilities.		
Lender's Name		Lender's Ad	dress	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Including Travel and				
■ None. Check this box if you did) Hot receive	any giits.		ource of Gift
Source of Gift 1.		2.		iouroc or one
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3.		4.		
Part 9. Honoraria				
■ None. Check this box if you did		nonoraria.	Sau	rce of Honoraria
Source of Honoral	na —	2.		ice of Honoralia
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District And Delical And	Ballad O	vestion on Bosty G		
Part 10. Positions in Political Acti None. Check this box if you and	Myconibatopilla Godga Lagury (*** canada)	SOURCE SEE STORY AND THE SECOND SECON	Variation (1975)	or principal officer, decision-maker
or fundraiser of a PAC, BQC, or	Party Commi	ittee.	. a trouburor,	or printingar officer, according
Name of Committee	Name of O	fficial or Family Me	mber	Title Title
1.				
2.				
2.				
3.				

□ None. Check this box if neither you nor your immediate family did business with any State agency. Name of Agency Partnerships for Nonprofits dba Reach Mental Health Services Partnerships for Nonprofits dba Reach Mental Health Services 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 Executive Director Address Title Name of Position Holders Employee Children's Center 1 Alden Avenue Augusta, ME Kennebec Valley Community Action Program Board Member Jeffrey Johnson Self Spouse Dependent Self Spouse Dependent Signature Signature Date Signature	Part 11. Conducting Business wit	h State Agencies			
Selling Goods or Services. Department of Health and Human Services Partnerships for Nonprofits dba Reach Mental Health Services Partnerships for Nonprofits dba Reach Mental Health Services 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 Individual Receiving Compensation. Relationship to Executive Employee Title Name of Position Relationship to Executive Employee To Executive Director Jeffrey Johnson In Self Spouse Dependent Name of Position Relationship to Executive Employee To Executive Director Individual Receiving Compensation. Name of Individual Receiving Compensation. Relationship to Executive Employee To Executive Director Individual Receiving Compensation. Name of Individual Receiving Compensation. Relationship to Executive Employee To Executive Employee To Executive Director Individual Receiving Compensation. Name of Individual Receiving Compensation. Relationship to Executive Employee To Executive Director Individual Receiving Compensation. Name of Individual Receiving Compensation. Relationship to Executive Employee To Executive Director Individual Receiving Compensation. Part 13. Positions In any for-profit or Individual Receiving Compensation. Name of Individual Receiving Compensation. Relationship to Executive Director In an any for-profit or Individual Receiving Compensation. Part 14. Individual Receiving Compensation. Relationship to Executive Director In an any for-profit or Individual Receiving Compensation. Part 14. Individual Receiving Compensation. Name of Individual Receiving Compensation. Relationship to Executive Director In an any for-profit or Individual Receiving Compensation.	☐ None. Check this box if neither y	ou nor your imme	ediate family did busin	ess with any State	agency.
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Education Advisory Committee, Kennebec Valley Community College Signature I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE. 1 23 19	Kennebec Valley Community Action Program	Board Member	Jeffrey Johnson	■ Spouse	no
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correct, and complete. 1/23/19		SIG	NATURE		
Kaffun Hur 1/23/19		THIS REPORT	AND TO THE BEST C	F MY KNOWLED	GE IT IS TRUE,
// Signature Date	Kaffun Her			1/23/	19 19
THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))	,	ارو شو ۸ کما چو چیمچوا	MENT IS A CLASS E CRIME	(1 M.R.S.A. & 1016-G/3)(3))

ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.

Part Number	
13	Somerset Public Heath, Outgoing Board Chair, Self, No
13	Somerset Economic Development Corporation, Board Member, Self, No
13	Maine Children's Trust, Board Member, Spouse, No