

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Received

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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES Covering 2018 Calendar Year — Due April 16, 2019

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

Name	Job Title
Lloyd P. LaFountain III	Superintendent
Department Professional and Financial Regulation/Bureau of Financial Institutions	Phone (work) (207) 624-8575
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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 April 15 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 April 15 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 April 15 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.

art 1. In	come from Em	ployment b	y Another			100 plan				
⊠ None.	Check this box	if you did no	ot have inc	come fror	n employme	ent by and	other.			
	of Employer		Address		Principal Ty Business Ad	pe of Econo ctivity of Em	omic or aployer		Job Title	
Part 2. I	ncome from Se	If-Employm	ent of have in	come fro	m self-empl	loyment.		Property of the second		
	f Your Business/Tra				ress		F	rincipal Ty or Busin	pe of Econon ess Activity	n ic
			Alle Control							
Name of	Client or Customer, (see instructions)	if required		Ade	dress			Principal Ty or Business	pe of Econor Activity of Cl	mic ient
Part 3.	Business Entit	ies								
⊠ Non	ne. Check this b	ox if you and	l your imm	nediate fa	mily did not	own or c	ontrol m	ore than	5% of any	business
	Name of Busines				dress			Principal T	ype of Econo ness Activity	mic
	•	× B office	of aw							
Part 4.	Income from t	oox if you did	not have	income f	rom the pra	ctice of la	ìW.		geniinii gaza teiniszent tiinen siistättiini	
100	Practice or Firm	Addres		Your	Major Areas Practice		n's Major of Practio		Position Associate, S	: Partner, ole Practition

art 5. Income from Any Other Sour	have income from any other source.			
None. Check this box it you did not				
Name of Source	Address	Description of Income		
Part 6-A. Compensation Income of	Immediate Family Members	(AO OCO more from		
□ None. Check this box if no memb	ers of your immediate family received inc	come of \$2,000 or more from		
employment or compensation.				
Name and Job Title	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer		
(do not list name of dependent child)				
risha A. Hitz LaFountain	Morrison Center	Non-profit providing education services		
arly Intervention Educator	60 Chamberlain Road Scarborough, ME 04074			
		a control office		
Child #1	Office of US Senator Susan B. Collins Gonzaga University, Spokane, WA,	Congressional Office Higher Education		
	St. Aloysius School, Spokane, WA	Parochial School		
	GymREP, Chertsey, Quebec, Canada	Gymnastics Camp		
Child #2	Ursinus College, Collegeville, PA	Higher Education		
Part 6-B. Other Sources of Income	of Immediate Family Members			
Name Chack this boy if no mem	pers of your immediate family received in	ncome of \$2,000 or more from any		
other source.				
	Source of Income	Type of Income		
Name of Spouse or Partner (do not list name of dependent child				
Trisha A. Hitz LaFountain	RSU #5	Self-employment providing tutoring service to a child enrolled in RSU #5 (Durham, Freeport and		
ITISNA A. MILZ LAF JUHRAIN	17 West Street Freeport, Maine 04032	Pownal)		
	Preciport, wante oriona			
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None. Check this box if you did	d not have reportable	naphiles.	and the effective of
Lender's Name	Le	ender's Address	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Including Travel a	nd Accommodations		
□ None. Check this box if you d			
Source of Giff			Source of Gift
National Association of State Credit Union S defray Registration cost for attendance at Na	upervisors (scholarship to	2.	
state regulators of credit unions)	Gilloriai Gomerone	4.	
3.			
1 A U Arasia			
Part 9. Honoraria None. Check this box if you d	id not receive honorar	ia.	
Source of Hono		\$	Source of Honoraria
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	Idild	2.	
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3.		4.	es
Part 10. Positions in Political A	ction, Ballot Questio	4. in or Party Committee	es rer, or principal officer, decision-mal
3. Port 10 Positions in Political A	ction, Ballot Questio and your immediate fal or Party Committee.	4. In or Party Committee mily were not a treasu	rer, or principal officer, decision-mai
Part 10. Positions in Political A	ction, Ballot Questio and your immediate fal or Party Committee.	4. in or Party Committee	es rer, or principal officer, decision-mal Title
Part 10. Positions in Political A None. Check this box if you a or fundraiser of a PAC, BQC,	ction, Ballot Questio and your immediate fal or Party Committee.	4. In or Party Committee mily were not a treasu	rer, or principal officer, decision-mai
Part 10. Positions in Political A None. Check this box if you a or fundraiser of a PAC, BQC, Name of Committee	ction, Ballot Questio and your immediate fal or Party Committee.	4. In or Party Committee mily were not a treasu	rer, or principal officer, decision-mai

	h State Agencies		NICE AND ADDRESS OF THE	
None. Check this box if neither y	you nor your imme	diate family did busine	ss with any State a	gency.
Name of Agency	Name of Indiv Selling Go	idual/Organization ods or Services	Description of G	ood or Services
Part 12. Representing Others Bel	fore State Agenci	es		
None. Check this box if neither	you nor your imme	ediate family represente	ed another before a	a State agency.
Name of Agency		Name of Indiv	idual Receiving Co	ompensation
Deut 49 Desitions in Ear Drofit a	nd Nan Drafit Or			
Part 13. Positions in For-Profit a	ila idolist iolit or	ganizations	Latet a said and in o	ny for profit or
None. Check this box if you and	d members your ir	mmediate family did not	Who was a second	ny for-profit or
Part 13. Positions in Por-Profit a ☐ None. Check this box if you and non-profit organizations. Organization/Business and Address	d members your in	nmediate family did not Name of Position Holder	Relationship to Executive Employee	ny for-profit or Compensated Yes/No
 □ None. Check this box if you and non-profit organizations. Organization/Business 	d members your ir	nmediate family did not Name of Position	Relationship to Executive	Compensated
□ None. Check this box if you and non-profit organizations. Organization/Business and Address McArthur Library Association	d members your ir	nmediate family did not Name of Position Holder	Relationship to Executive Employee Self Spouse	Compensated Yes/No Pes
□ None. Check this box if you and non-profit organizations. Organization/Business and Address McArthur Library Association	d members your ir	nmediate family did not Name of Position Holder	Relationship to Executive Employee Self Spouse Dependent Self Spouse	Compensated Yes/No Yes No Yes
□ None. Check this box if you and non-profit organizations. Organization/Business and Address McArthur Library Association Biddeford, Maine	Title Director	Name of Position Holder Trisha A. Hitz LaFountain	Relationship to Executive Employee Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent Dependent Dependent	Compensated Yes/No Yes/No Yes No Yes No Yes No No
□ None. Check this box if you and non-profit organizations. Organization/Business and Address McArthur Library Association	Title Director	Name of Position Holder Trisha A. Hitz LaFountain	Relationship to Executive Employee Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent Dependent Dependent	Compensated Yes/No Yes No Yes No Yes No No No No
□ None. Check this box if you and non-profit organizations. Organization/Business and Address McArthur Library Association Biddeford, Maine	Title Director SIGNATION TO THE SIGNATION TO THE SEPORT	Name of Position Holder Trisha A. Hitz LaFountain GNATURE AND TO THE BEST C	Relationship to Executive Employee Self Spouse Dependent Self Spouse Dependent Self Dependent Dependent F MY KNOWLEDG	Compensated Yes/No Yes No Yes No Yes No No No No

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