



Received
 NOV 13 2018
 Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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FINAL STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

Name: <i>PAUL MERCER</i>	Department: <i>ME DEP</i>
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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: 11/9/2018

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, Sole Practitioner):

PART 5. INCOME FROM ANY OTHER SOURCE None

Name and Address of Income Source:	
<i>ME PERS</i>	<i>SSI</i>
Description of Income: <i>Retirement Income</i>	

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: <i>BRENDA</i>	Type of Income: <i>Retirement</i>
Name and Address of Source of Income: <i>MEPERS Augusta Maine</i>	

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

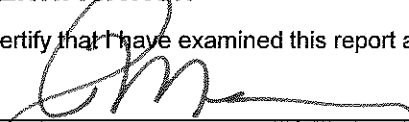
Name of Agency:
Name of Individual Receiving Compensation:

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
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

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



 Signature

11/8/2018

 Date