

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2014 Calendar Year: January 1, 2014 - December 31, 2014

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

Name: KARLETON S. WARD; Office: [X] House [ ] Senate; Mailing Address: PO BOX 612; District Number: 121; City/Town, State, Zip: HOLDEN, ME 04429; E-mail Address: Karl.ward@legislature.maine.gov

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., February 17, 2015.

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. NO RED INK
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.
Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
The completed statements are posted on the Commission's website and copies are made available to the public upon request.
Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities or positions of the Legislator or an immediate family member (except dependent children) 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 that has paid the Legislator 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 Legislator, 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.

Please call the Commission staff 207-287-4179 if you have any questions.
Thank you for your cooperation!

**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 Economic or Business Activity of Employer	Job Title
NICKERSON O'DAY, INC.	PO BOX 911 MANDON, ME 04402	CONSTRUCTION	PRESIDENT

**Part 2. Income from Self-Employment** 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
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 and 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
NICKERSON O'DAY, INC.	PO BOX 911 MANDON, ME 04402	CONSTRUCTION
CONCRETE CORING OF MAINE, LLC	68 AENE RD. MAINE ME 04412	CONSTRUCTION

**Part 4. Income from the Practice of Law** None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner

**Part 5. Income from Any Other Source** \*

None. Check this box if you did not have income from any other source.

Name of Source	Address	Description of Income
GENERAL ELECTRIC	20 MEANS INVESTMENT SPILLWATER AVE MANCOK, ME 04411	DIVIDEND
NATIONAL FINANCIAL SERVICES	797 E. WISCONSIN AVE SUITE 2950 MILWAUKEE, WI 53202	DIVIDEND
FIDELITY INVESTMENTS	PO BOX 770001 CINCINNATI, OH 45217	DIVIDEND

\* - This listing is likely not complete as I have not received a complete accounting of all dividend reports, sales of privately held stocks, or disposition of capital assets. Please advise if additional information is received.

**Part 6-A. Compensation Income of Immediate Family Members**

None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

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
DR. KATHRYN WARD PRESIDENT	PENNSYLVANIA EYE CARE 29 VIKING DR MANCOK, ME 04412	OPTOMETRY
→ only...		

**Part 6-B. Other Sources of Income of Immediate Family Members** \* (See explanation above)

None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
DEPENDENT	PENNSYLVANIA EYE CARE 29 VIKING DR MANCOK	SALARY
DEPENDENT	MANCOK YACHT SECOND ST, MANCOK	SALARY
DEPENDENT	UNIV. OF PENNSYLVANIA PHILADELPHIA, PA	SALARY

<b>Part 7. Loans</b>		
<input checked="" type="checkbox"/> None. Check this box if you did not have reportable liabilities.		
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

<b>Part 8. Gifts, Including Travel and Accommodations</b>	
<input checked="" type="checkbox"/> None. Check this box if you did not received any gifts.	
Source of Gift	Source of Gift
1.	2.
3.	4.

<b>Part 9. Honoraria</b>	
<input checked="" type="checkbox"/> None. Check this box if you did not receive honoraria.	
Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

<b>Part 10. Positions in Political Action, Ballot Question or Party Committees</b>		
<input checked="" type="checkbox"/> None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.		
Name of Committee	Name of Official or Family Member	Title
1.		
2.		

**Part 11. Conducting Business with State Agencies**

None. Check this box if neither you nor your immediate family did business with any State agency.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Good or Services
MAINE STATE HOUSING AUTHORITY	NICKERSON & O'DAY, INC.	CONSTRUCTION
DEPARTMENT OF GENERAL SERVICES	NICKERSON & O'DAY, INC.	CONSTRUCTION

**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

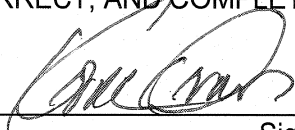
**Part 13. Positions in For-Profit and Non-Profit Organizations**

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	Relationship to Legislator	Compensated Yes/No
JOHN MARSH MEMORIAL HIGH SCHOOL	TRUSTEE	KARLETON WARD	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO
KATHARIN AVENUE COUNCIL BOY SCOUTS OF AMERICA	DIRECTOR	KARLETON WARD	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO
CROSS INSURANCE WORKERS COMPENSATION SELF-INSURANCE GROUP TRUST	TRUSTEE	KARLETON WARD	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NO

**SIGNATURE**

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.



Signature

2.11.15

Date

### 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					
17.	SUGGERS, LLC	PO BOX 3368 BREWSTER, ME 04412	ATHLETIC TRAINING FACILITY		
17.	WARD ENTERPRISES HOLDINGS, LLC				REAL ESTATE DEVELOPMENT
17.	PENOBSCOT EYE CARE	29 BRIDGE ST. BREWSTER, ME 04412	OPHTHALMISTS		
17.	ICON	29 BRIDGE ST. BREWSTER, ME 04412	EYEWARE FAB.		
6-11	VIRKLAND HEALTHCARE FUND	PO BOX 2600 VALLEY FORGE, PA 19402	DIVIDEND		
6-11	INVESTCO AMERICAN FRANCHISE FUND	PO BOX 219319 KANSAS CITY, MO 64121	DIVIDEND		
11	UNIVERSITY OF MAINE SYSTEM	NICKERSON & DAY, INC.	CONSTRUCTION		
17	EASTERN MAINE COMMUNITY COLLEGE	ALPHEA MEMBER	KATHLEEN WARD	SELF	NO
13	CHILDREN'S INT'L SUMMER VILLAGE (CISV)	Society	KATHRYN WARD	SPOUSE	NO
11	MAINE VETERAN'S HOMES	NICKERSON & DAY, INC.	CONSTRUCTION		
11	MAINE DEPT OF TRANSFORMATION	NICKERSON & DAY, INC.	CONSTRUCTION		