



**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  
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RECEIVED  
 FEB 20 2013

Maine Ethics Commission  
**STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS**  
 2012 Calendar Year: January 1, 2012 - December 31, 2012

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

Name Justin L. Alfond	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address 134 Sheridan Street	District Number 8
City/Town, State, Zip Portland, ME 04101	E-mail Address Justin@justinalfond.com

**FILING DEADLINES**

**CURRENT LEGISLATORS:** Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

**LEGISLATORS LEAVING OFFICE:** Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

**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.
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- 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.

*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			
<input type="checkbox"/> 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
State of Maine	3 State House Station Augusta, ME 04330	Government	President of the Senate

Part 2. Income from Self-Employment		
<input checked="" type="checkbox"/> 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. Revenue of Business Entities		
<input type="checkbox"/> None. Check this box if you and your immediate family did not have a majority share in a business.		
Name of Business	Address	Principal Type of Economic or Business Activity
Bayside Maine LLC	477 Congress St, Suite 1012 Portland, ME 04101	Development
Bowl Portland LLC	58 Alder Street Portland, ME 04101	Business

Part 4. Income from the Practice of Law				
<input checked="" type="checkbox"/> 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		
<input type="checkbox"/> None. Check this box if you did not have income from any other source.		
Name of Source	Address	Type of Income
JKR LLC	C/O Dexter Enterprises 2 Monument Square Portland, ME 04101	Shares of Partnership Income
BNY Wealth Management	201 Washington St Boston, MA 02108	Investment
Mellon Trust of New England	500 Ross St Suite 650 Pittsburgh, PA 15262-001	Interest

Part 6-A: Compensation Income of Immediate Family Members		
<input checked="" type="checkbox"/> 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

Part 6-B: Other Sources of Income of Immediate Family Members		
<input checked="" type="checkbox"/> 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

Part 7. Loans		
<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

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

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

Part 10. Positions in Political Action or Ballot Question Committees	
<input type="checkbox"/> None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.	
Name of Committee	Title
1. Alford Business, Community & Democracy Political Action Committee	Treasurer; Principal decision-maker
2. Senate Democratic Campaign Committee	Principal decision-maker

**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 Selling Goods or Services	Description of Good or 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

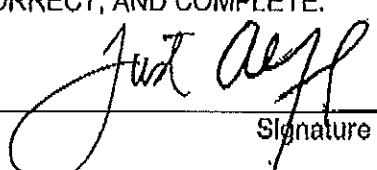
**Part 13. Positions In For-Profit and Non-Profit Organizations**

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	Relationship to Legislator	Compensated Yes/No
William and Joan Alford Foundation 2 Monument Square Portland, ME 04101	Member	Justin Alford	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Maine Initiatives 295 Water Street, Suite 100 Augusta, ME 04333	Member	Justin Alford	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Opportunity Maine 237 Oxford Street Suite 22 Portland, ME 04101	Member	Justin Alford	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input checked="" 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

2/14/13  
\_\_\_\_\_ Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))

**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	
5	Purchase Investors; c/o A. Uzzo, 287 Bowman ave., Purchase, NY 10577; Shares of Partnership Income
5	Ellen Loring Trust FBO Justin Alfond; A. Uzzo Trust, 287 Bowman Ave., Purchase, NY 10577; Investments
5	Shack Foods of America LLC; 149 Alewife Brook Pkwy, Cambridge, MA 02140; Shares of Partnership Income
5	Sheridan Street, LLC; c/o Dexter Enterprise, 2 Monument Square, Portland, ME 04101; Shares of Partnership Income
5	Dexter Enterprise Inc; 2 Monument Square, Portland, ME 04101; Shares of Partnership Income
5	JJR 443 Congress LLC; c/o Dexter Enterprises, 2 Monument Square, Portland, ME 04101; Shares of Partnership Income
5	Sweetwater Partners, LLC; c/o Dexter Enterprises, 2 Monument Square, Portland, ME 04101; Shares of Partnership Income
13	Kennebec Valley Community College; 92 Western Ave, Fairfield, ME 04937; Trustee; Justin Alfond; Self; NO
13	Avesla Housing; 307 Cumberland Ave, Portland, ME 04101; Member; Justin Alfond; Self; NO
13	Jewish Community Alliance; 57 Ashmont Street, Portland, ME 04103; Member; Rachael Alfond; Spouse; NO
13	Portland Trails; 305 Commercial St, Portland, ME 04101; Member; Rachael Alfond; Spouse; NO