

## Received Co FEB 16 2017 Maine Ethics Commission

# 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 LEGISLATORS

2016 Calendar Year: January 1, 2016 - December 31, 2016

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

Name Chanotte Warren	Office	M House	☐ Senate
Mailing Address 19 Oak wood to	District N	Number 84	
	E-mail A	ddress harlottewar	ren@amail.com

## FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Wednesday, February 15, 2017

### **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 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.

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 Business Activity of Employ		nomic or mployer		Job Title		
Maine 81 a legisl	Angi	e House Station Governor		nent 87		Staf	e Representative	
University of Kew Engla	and Bid	lls Bear Ideford	ch Rd UE 04005	Professor		4	<u>-&gt;</u>	University
Part 2. Income from Self	-Employm	ent			CARRY A		1000 1100 1100 1100 1100 1100 1100 110	
☐ None. Check this box i	f you did n	ot have i	ncome fro	m self-employ	yment.		Taylor - Taylor	
Name of Your Business/Trade	e Name		Ado	Iress		F	Principal Type of Economic or Business Activity	
CWarren Conso	nthra	poakwood or Hallorell ME		Consulting				
Navvildor			till til som som				CHI DA SHUNGA	
Name of Client or Customer, if required (see instructions)		Address		Principal Type of Economic or Business Activity of Client				
The Wilderness Society		1615 M Street Washington, DC 20036		Cm8	Consulting/Organizing			
Part 3. Business Entitie	S						10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
☐ None. Check this box	if you and	your imm	nediate fan	nily did not ov	vn or co	ontrol mo	re than	5% of any business.
Name of Business			Ad	dress				Type of Economic siness Activity
C Warren Consorting 19		190 aknood Dr Hallowell ME 04347		Consulting				
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	Addres	Your Major Areas Firm of Practice		n's Major Ai of Practice		Position: Partner, Associate, Sole Practitioner		
Mary Control of Superior State								The second second second

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		
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		BALL BAR DATE OF THE		
A STANSFERM OF BUILDING BUILDING				
THE THE PERSON STREET AND A STREET		tana repermisa para 1821 mang		
Part 6-A. Compensation Income of	Immediate Family Members			
None. Check this box if no member	ers of your immediate family received in	come 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		
	Note that the second second second			
Part 6-B. Other Sources of Income	of Immediate Family Members			
None. Check this box if no member other source.	ers of your immediate family received inc	come 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		
		THE STATE OF THE S		

Part 7. Loans					
None. Check this box if you did not have reportable liabilities.					
Lender's Name	Lender's Address				Type of Economic or ss Activity of Lender
Part 8. Gifts, Including Travel ar	nd Accommodations				
None. Check this box if you did	I not received any gift	S.			
Source of Gift			So	urce of Gi	ft
1.	keri (1 tida 4 (Singapata	2.			
3.	4.				
Part 9. Honoraria					
None. Check this box if you did it	not receive honoraria.				
Source of Honora	ria		Sourc	e of Hono	raria
1. 2.				(19 mi) magan disebas Sabaratan basasa	
3.	4.				
Part 10. Positions in Political Action, Ballot Question or Party Committees					
□ 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. Charlotte PAC	Charistic Warren		prin	cipal	officer
2.					
3.					

Part 11. Conducting Business with	n State Agencies				
None. Check this box if neither yo	u nor your immedia	te family did busines	s with any State ag	gency.	
Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Good or Services		
	Months expenses assettless			Markey A	
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minings of a star to a fidure i	APP Issimu APPA	eng serangan kalendar Kabupatèn		TR BUILDINGS	
			aldelejaki Hasina amilian	ENERGIS DE SE	
Part 12. Representing Others Befo	ore State Agencies				
None. Check this box if neither year	ou nor your immedi	ate family represente	ed another before a	a State agency.	
Name of Agency		Name of Indi	ividual Receiving C	compensation	
The property of the property of the fire		ina produce to ve	Service Services		
enter once favore view and the faith	e – Single and an Allind Magnifest – West for				
		Lineau Strate	nated to silve a red	and Little Letting	
STREET, AND		may share more now			
Part 13. Positions in For-Profit an	nd Non-Profit Orga	nizations			
□ None. Check this box if you and non-profit organizations.			hold positions in a	ny for-profit or	
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No	
Greater Angusta Vtility 12 williams Ave Angusta	Trustle	charate Warn	Self Spouse Dependent	Yes	
	multiples expects the passing was		□ Self □ Spouse □ Dependent	SOMETHING OF	
They ageneral than some light and of the pairways on the septimes regard.	ni fisi mierzen n en chom mo	edictions select	□ Self □ Spouse □ Dependent	Activities of the second	
SIGNATURE					
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT AN	ND TO THE BEST O	F MY KNOWLEDG	GE IT IS TRUE,	
2/14/2017				017	
Signature	Signature Date				
THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))					

ADDIT	IONAL	<b>INFORM</b>	ATION
a come may be di			

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		
1.	Progressive Kick 1904 Franklin St Snite 725 Superpace 527 Dal-land, CA 94612.0000 Greater Augusta utility Distict 12 Williams St Augusta ME 04330	Communications
2.	Greater Angusta Utility Distict 12 Williams St Angusta ME 04330	Trustee