



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

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Maine Ethics Commission (OZ

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2017 Calendar Year: January 1, 2017 - December 31, 2017

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

Name Rep.	Patrick Coley	Office House Senate
Mailing Address 353 River Nd		District Number
City/Town, State, Zip Windham, ME 0400	2	Patrick@patrick.corey.com

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Thursday, February 15, 2018.

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- Complete all sections. If a section is not applicable, check the box labeled "None" for that section.
- · A glossary is located in the back of this form.
- If completing this form by hand, PLEASE WRITE LEGIBLY. DO NOT USE RED INK
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific <u>sources</u> of income. Dollar amounts should not be reported.
- Campaign contributions and Maine Clean Election Act payments should 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.

IMPORTANT NOTICE: 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)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. 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 Emp	loyment by Anot	iher	(a) (a) (b) (b)	g presentation of			
☐ None. Check this box	if you did not have	e income fro	m employme	ent by an	other.		
Name of Employer, '	Address	5 /	Principal Ty Business A			J	ob Title
Maine State Legislature	State House Augusta, ME		Governm	ent	·	Legislator	
			TV 484 V484 T178 RPV 284			The state of the s	
Part 2. Income from Self-	Participant of the Control of the Co				1		
☐ None. Check this box i	if you did not have	income troi	n self-emplo	oyment.			
Name of Your Business/Trade		Add			Pi	incipal Type o or Business	
Patrick Corey	353 Wino	River la lhan, M	2d. <u>E 0406</u>	2	Mark	etins	
		77-ANISMA - 80 27 8 8 1 2 2 4 1 2 2 2		Harangaran and Andrews	· part for The Artistant Land of Salasian		
Name of Client or Gustomer, if i (see instructions)		- Addi				incipal Type o Business Activ	
University of Southern	Maine Port	300 9300 and, M. Lest Stre	20410	4.	Edve	ation ition	
Count ME In	Port	ent Stre land, Mi	ct 5.04109	a	Edva	ition	
Part 3. Business Entities							
None. Check this box i	if you and your im	mediate fan	nily did not o	wn or co	ntrol moi	e than 5% o	of any business.
Name of Business		Add	ess 19		Pi Section 1	incipal Type o or Business	
			•				
Part 4. Income from the F	Practice of Law						
None. Check this box	if you did not have	e income fro	m the practi	ce of law	•		
Name of Practice or Firm.	Address (1972)		jor Areas actice		Major Are Practice		osition: Partner, late, Sole Practilioner
Control Contro	and the second s			**************************************			

Part 5. Income from Any Other Source	e	
☐ None. Check this box if you did not	have income from any other source.	
Name of Source	Address	Description of Income
		· •
Part 6-A: Compensation Income of In	nmediate Family Members	
 None. Check this box if no member employment or compensation. 	s of your immediate family received in	ncome of \$2,000 or more from
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:
Sheila Corey, Scientist	ORATIO I DEXX Laborate One I DEXX Drive Westbrook, ME 04092	my Veterinary Chemistry
Part 6-B. Other Sources of Income of	Immediate Family Members	
None. Check this box if no member other source.	s of your immediate family received in	ncome 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
•		

Part 7. Loans				
None. Check this box if you did	not have reportable	liabilities.		
Lender's Name		ender's Address	Principal Type of Economic Business Activity of Lend	
Part 8. Gifts, Including Travel an	d Accommodations			
None. Check this box if you did	I not receive any gifts	3.		Joseph Landschaft
Source of Gift'			Source of Gift	
1.		2.		
3.		4.		
Part 9: Honoraria				
None. Check this box if you did	not receive honorari	a.		
Source of Honora	ria		Source of Honoraria	
1.		2.		
3.		4.		
	n IIV O V	Part Campil		
Part 10. Positions in Political Acti				maker
or fundraiser of a PAC, BQC, or		my were not a treat	surer, or principal officer, decision-	manci
→ // Name of Committee	Name of Official or	ALL PROPERTY OF THE PROPERTY OF THE PARTY OF	Title	
1. Windham Town Republican Committee	Sheila Corey	(Wife)	Secretary	
2.				
3.				

Part 11. Conducting Business wil	th State Agencies		e de la companya de l	Mary South
None. Check this box if neither	you nor your immed	iate family did busine	ess with any State a	agency.
Name of Agency		ual/Organization ls or Services	Description of G	ood or Services
Part 12: Representing Others Bet None. Check this box if neither	Andrew programme of the control of t		ted another before a	a State agency.
Name of Agency			ividual Receiving C	
ing in the second secon				
∛ Part 13∻ Positions in For-Profit ar	id Non-Profit Orga	 nizations		
☐ None. Check this box if you and non-profit organizations.	l members your imm	nediate family did no	t hold positions in a	ny for-profit or
Organization/Business and Address	Title	Name of Position • Holder	Relationship to Legislator	Compensated Yes/No
Folmouth Rod & Gun Club PMB 1240, 89 Auburn St. Portland, ME 04103	Director	Patrick Corey		AS
Windhon Neighbors PO Box 1956 Windhom, ME 04062	At large Member	Patrick Corey		No
			□ Self □ Spouse □ Dependent	
		ATURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT AN	ND TO THE BEST O		
1 What			02/01	1/2018
Signature			Da	ate

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

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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	
2	Gold Orluk & Partners P.O. Box 846 Event Marketing
2	Pezzuco Construction 28 Kenwood St. Construction
2	Simsbury Land Trust P.O. Box 634 Land Conservation
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