



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 FAX: 207-287-6775

Maine Ethics Commission STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2018 Calendar Year: January 1, 2018 - December 31, 2018

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

Patrich Corey	Office House
Mailing Address R53 River Rd	District Number
City/Town, State, Zip Windham, ME 04062	E-mail Address Patrick Engine, legislature, soi

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Friday, February 15, 2019

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 sources 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 Employment by Another					
□ None. Check this box if you did not have income from employment by another.					
Name of Employer	Address			pe of Economic or tivity of Employer	Job Title
Maine State Legislature	State House Augusta, ME		Governme	ent	Legislator
Part 2. Income from Self-	-Employment				
☐ None. Check this box	if you did not have	income from	self-emplo	yment.	
Name of Your Business/Trade		Addres			incipal Type of Economic or Business Activity
Patrich Corey	353 Wind	River V	Zd <u>0400</u>	2 Mas	retins
'		,			
Name of Client or Customer, if (see instructions)		Addres		orl	ncipal Type of Economic Business Activity of Client
Count ME In Gold ONUR & Portne	Part	Kent Sti lond, ME	04104	1 Educ	dition - Marketins
	Avon	Sor 349 CT 060	D [Event	- Narketus
Part 3. Business Entities		andinto found.	د مانما سمد م		- the = 50/ of
None. Check this box	ii you and your imin	nediate ramily	y ala not o	wh or control mor	e than 5% of any business.
Name of Business		Addres		Programme of the state of the s	ncipal Type of Economic or Business Activity
	7				
Part 4. Income from the		in come from	the protice		
None. Check this box	ir you did not nave	income irom	the practic	e or law.	
Name of Practice or Firm	Address	Your Major of Pract		Firm's Major Area of Practice	Position: Partner, Associate, Sole Practitioner

Part 5. Income from Any Other Sou	ırce	
None. Check this box if you did n	ot have income from any other source.	
Name of Source	Address	Description of Income
	-	
Part 6-A. Compensation Income of	Immediate Family Members	
☐ None. Check this box if no member employment or compensation.	pers of your immediate family received i	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
SUL Sheila Curey Scientist	IDEXX Laboratorie One IDEXX Drive West brode, ME. OH	Veterinary OF Chemistry
Part 6-B. Other Sources of Income	of Immediate Family Members	
None. Check this box if no member other source.	pers of your immediate family received i	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 di	id not have reportal	ole liabilities.		
Lender's Name		Lender's Address	Principal Type of Economic Business Activity of Lend	
Part 8. Gifts, Including Travel a	nd Accommodatio	ins		
None. Check this box if you d	id not receive any g	gifts.		
Source of Gift			Source of Gift	
1.		2.		
3.		4.		
Part 9. Honoraria				
None. Check this box if you did	d not receive honor	aria.		
Source of Honora	aria		Source of Honoraria	
1.		2.		
3.		4.		
Part 10. Positions in Political Act	tion, Ballot Questi	on or Party Commit	tees	
☐ None. Check this box if you and or fundraiser of a PAC, BQC, or	•	amily were not a treas	surer, or principal officer, decision-n	naker
Name of Committee		or Family Member	Title	
1. Windham Town Republican Comittee	Sheila Cor	ey(wife)	secretary	
2.				
3.				

Part 11. Conducting Business with	h State Agencies			
None. Check this box if neither y	ou nor your immed	iate family did busin	ess with any State	agency.
Name of Agency		lual/Organization ds or Services	Description of 0	Good or Services
Dat 40 Dawnsontine Others Bell	- Ctata Asserble			
Part 12. Representing Others Before None. Check this box if neither y			ed another before	a State agency
	od nor your intined			
Name of Agency		INAME OF THE	vidual Receiving C	ompensation
Part 13. Positions in For-Profit an	d Non-Profit Orga	nizations		
☐ None. Check this box if you and non-profit organizations.	members your imm	nediate family did no	t hold positions in a	any for-profit or
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
Faluouth Radi Gen Club PMB1240, Sq Auburn St. Portland, MC04103	Director	Patriole Carey	Self Spouse Dependent	No
Windhan Neighbors PO Box 1956 Why Windham ME OUCL2	At-Large Member	Patricke Carey	⇒ Self□ Spouse□ Dependent	No
DOWN WHAVEY, MESSIGN	· · · · · · · · · · · · · · · · · · ·		□ Self □ Spouse	
			□ Dependent	
	SIGN	ATURE	•	
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.			□ Dependent	GE IT IS TRUE,
			□ Dependent F MY KNOWLEDG	
			□ Dependent	

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	
Q	Holcomb Farm 113 Simsbury Rd Non Profit Holcomb Farm West Granby, CT06090 Farm Simbbury land Trust PO Box 634 Simbbury land Trust Sindbury, CT06070 Conservation
2	Simbbury and Trust PO Box 634 Conservation
na.	
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