

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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Received

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Maine Ethics Coangle Galendar Year: January 1, 2017 - December 31, 2017

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

Name MATTHEA DAUGHTRY	Office
Mailing Address 40 Federal Street	District Number 4 a
Brunswick, Maine 04011	E-mail Address Mattie amattie daughty, con

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 Employment by Another							
□ None. Check this box if you did not have income from employment by another.							
Name of Employer	Addr	ess ess ess ess ess ess ess ess		ype of Economic or activity of Employer	Job Title		
Maine State Legislature	State House Augusta, ME	<u>.</u>	Governn	nent	Legislator		
Michele Stapleton	13 Thow Brunswic	rpoonst KME	Photoc	graphy	Photographers Assistant		
Part 2. Income from Sel	f-Employment	ha na sarahir 200 menanggan Tiganggan dan panggan Tiganggan					
☐ None. Check this box	if you did not ha	ive income fro	m self-empl	oyment.			
Name of Your Business/Trac			iress	F	Principal Type of Economic or Business Activity		
Matthea Laughtry	Media 40 Ba	Federal which,	ME	Photo	graphy		
Name of Client or Customer, i	Frequired	Add	ress	F	Principal Type of Economic		
(see instructions)					Business Activity of Client		
Part 3. Business Entities					mathem 50/ of anythemic		
☐ None. Check this box	ir you and your	immediate fan	nily ala not d	own or control mo	re than 5% of any business.		
Name of Business		Add	ress .	P	rincipal Type of Economic or Business Activity		
Moderation Breesin	gHC 40	Federal nunswick, 1 Federal	St Me 040	on Bre	wery I S. state Compun.		
	RELLC 40	rederal	-K, ME	04011 Rea	l Estate Compun		
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		jor Areas actice	Firm's Major Are of Practice	Position: Partner, Associate, Sole Practitioner		

Part 5. Income from Any Other S None. Check this box if you di	Source d not have income from any other source	
Name of Source	Address	Description of Income
Merrill Lynch & Co. Inc	4 World Financial Center 250 Vesey Street New York, NY 10080	myestments
Part 6-A. Compensation Income None. Check this box if no me employment or compensation.	of Immediate Family Members mbers of your immediate family received	income of \$2,000 or more from
Name and Job Title (do not list name of dependent ch	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
	ne of Immediate Family Members mbers of your immediate family received	income of \$2,000 or more from any
Name of Spouse or Partner (do not list name of dependent chi	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		Lender's Address		Il Type of Economic or				
Londo, 3 Hand		Londo, 37 (duress	Busine	ess Activity of Lender				
·								
Part 8. Gifts, Including Travel ar	nd Accommodation	IS						
☐ None. Check this box if you di	d not receive any gi	fts.						
Source of Gift			Source of G	i ift				
1. New England Board of	- Higher Education	2.						
3.		4.						
Part 9. Honoraria								
None. Check this box if you did	I not receive honora	ria.						
Source of Honora	ria - Contraction of the Contrac		Source of Hone	oraria				
1.		2.						
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 o	r Family Member		Title				
1. Maine Democratic State Committee	Matthea I	aughtry	State Co	mmillee Member				
2.		<u> </u>						
3.								

Part 11. Conducting Business wit	th State Agencies			
None. Check this box if neither	you nor your immed	diate family did busin	ess with any State	agency.
Name of Agency		dual/Organization ds or Services	Description of (Good or Services
Part 12. Representing Others Bef	ore State Agencie	S		
None. Check this box if neither	you nor your immed	liate family represen	ted another before	a State agency.
Name of Agency		Name of Ind	ividual Receiving C	ompensation
3000000				
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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
Brunewick Public Art 44 Thompson Street	Member of Board of	Matthea Dauglety	Self Spouse	No
Bruswick, ME 0401	Directors	Jan Star L	□ Dependent	46.4
	a volument of the second of th	Ü	□ Self □ Spouse □ Dependent	
			□ Self □ Spouse	
			□ Dependent	
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.		ATURE ID TO THE BEST O	F MY KNOWLEDG	E IT IS TRUE,
Matthew Eile Ja			2/12/	2018
	19/1/2		2/13/	2018
Signature	ig/Vig		Da	ate

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-	100	145.1	B 19 18 1	1 238	11.8	 6 84000 	28 · ·	1 mar 1009	E - 48	W1 &	1200 Well	B 100 H	A 140

Please provider providing. Us	e any additional information in the space below. e additional pages if necessary.	Indicate the part number for the information you are
Part Number		
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