

# Received APR 1 3 2017 Maine Ethics Commission

## COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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# STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

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	Job Title		
Ernest F (Terry) Stockwell III	Director of External Affairs		
Department Marine Resources	Phone (work) 624-6553		
Mailing Address (work) 21 State House Station, Augusta 04333	E-mail Address (work) terry.stockwell@maine.gov		

#### **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.
- If April 15 falls on a weekend or holiday, this statement is due on the next business day.

# Please keep a copy of this statement for your records!

#### REPORTING DEADLINES

# **Constitutional Officers and the State Auditor**

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by April 15 of each year they are in office, unless a report for that year has already been filed.

#### **Appointed Executive Employees**

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by <u>April 15</u> of each year of their employment, unless a report for that year has already been filed.

## **Executive Employees in Major Policy-Influencing Positions**

Executive employees in major policy-influencing positions must file the financial disclosure statement by <u>April 15</u> of each year of their employment.

## **Leaving Office or Terminating Employment**

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

## REQUIREMENT TO FILE AN UPDATED STATEMENT

Executive branch employees are required to update their financial disclosure statement within 30 days of a substantial change in income, reportable liabilities or positions of the executive branch employee or an immediate family member (except dependent children) that occurs in the current calendar year. (5 M.R.S.A. § 19(3)(C)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the executive branch employee 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 executive branch employee, 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 Employme	nt by Anothe	er - The second of the second				
None. Check this box if you d	id not have ir	ncome from employme	nt by another.			
Name of Employer	Address	Principal Typ Business Act	Principal Type of Economic or Business Activity of Employer		Job Title	
				U. 2290		
Part 2. Income from Self-Emplo		ncome from self-emplo	yment.			
Name of Your Business/Trade Name		Address		Principal Type of Economic or Business Activity		
Full Circle Charters	58 He	58 Hendricks Hill Road, Southport ME		boat charters		
New A Olivetor Contorner if required		Address		Principal Type of Economic or Business Activity of Client		
Name of Client or Customer, if required (see instructions)						
Part 3. Business Entities		and the second				
□ None. Check this box if you	and your imm	nediate family did not o	wn or control	more than 5% o	of any business.	
Name of Business		Address		Principal Type of Economic or Business Activity		
Stockwell Environmental Consulting	58 Hendrick	58 Hendricks Hill Road, Southport ME		environmental consulting and permitting		
Part 4. Income from the Practi	ce of Law					
None. Check this box if you	did not have	income from the practi	ce of law.			
Name of Practice or Firm Add	dress	ss Your Major Areas F of Practice		irm's Major Areas of Practice Position: Partner, Associate, Sole Practition		

Part 5. Income from Any Other Source	3		
$_{\square}$ None. Check this box if you did not I	nave income from any other source.		
Name of Source	Address	Description of Income	
anguard Funds			
merican Funds			
isc stocks and bonds			
Part 6-A. Compensation Income of Im  None. Check this box if no member	nmediate Family Members s of your immediate family received inc	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 of Business Activity of Employe	
Part 6-B. Other Sources of Income o	f Immediate Family Members		
None. Check this box if no member other source.	rs of your immediate family received in	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	

Part 7. Loans					
■ None. Check this box if you did not	have reportable liabilities.				
Lender's Name	Lender's Add	ress Principal Type of Economic or Business Activity of Lender			
Part 8. Gifts, Including Travel and Ac					
None. Check this box if you did not	receive any gifts.				
Source of Gift		Source of Gift			
1.	2.	2.			
3.	4.	4.			
Part 9. Honoraria					
None. Check this box if you did not	receive honoraria.				
Source of Honoraria		Source of Honoraria			
1.	2.				
3.	4.				
Part 10. Positions in Political Action,	Ballot Question or Party C	ommittees			
None. Check this box if you and you or fundraiser of a PAC, BQC, or Part	r immediate family were not y Committee.	a treasurer, or principal officer, decision-maker			
Name of Committee Na	ame of Official or Family Me	mber Title			
1.					
2.					
3.					

Part 11. Conducting Business w	vith State Agencie	es				
■ None. Check this box if neither you nor your immediate family did business with any State agency.						
Name of Agency		Name of Individual/Organization Selling Goods or Services		Description of Good or Services		
Part 12. Representing Others B			another before	a State agency		
□ None. Check this box if neither				-		
Name of Agency			Name of Individual Receiving Compensation			
Department of Environmental Protection		3100	Stockwell Environmental Consulting			
Part 13. Positions in For-Profit	and Non-Profit O	rganizations				
□ 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 Executive Employee	Compensated Yes/No		
Portland Fish Pier Authority	Board member	Ernest Stockwell	■ Self □ Spouse □ Dependent	no		
Maine Association of Wetland Scientists	Board member	Lauren Stockwell	□ Self ■ Spouse □ Dependent	no		
Boothbay Region Land Trust	Board member	Lauren Stockwell	□ Self ■ Spouse □ Dependent	no		
SIGNATURE						
I CERTIFY THAT I HAVE EXAMIN CORRECT, AND COMPLETE.	ED THIS REPORT	TAND TO THE BEST O	F MY KNOWLED	GE IT IS TRUE,		

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