

RECEIVED APR 25 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		
Lloyd P. LaFountain III	Superintendent		
Department DPFR/Bureau of Financial Institutions	Phone (work) (207) 624-8570		
Mailing Address (work) 36 State House Station, Augusta, ME 04333-0036	E-mail Address (work) Lloyd.P.LaFountain.III@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 April 15 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 April 15 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 Employment by Another				
None. Check this box	if you did not have ir	ncome from employm	ent by another.	
Name of Employer	Address		ype of Economic or activity of Employer	Job Title

Part 2. Income from Self-	Employment			
None. Check this box i		come from self-empl	oyment.	
Name of Your Business/Trade	Name	Address	Prin	cipal Type of Economic or Business Activity
Name of Client or Customer, if n (see instructions)	equired	Address		cipal Type of Economic usiness Activity of Client
And the second s				
Part 3. Business Entities				
None. Check this box is	you and your imme	ediate family did not o	own or control more	than 5% of any business.
Name of Business		Address		cipal Type of Economic or Business Activity
	- A-			
Part 4. Income from the P None. Check this box if		come from the practi	ce of law.	
Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
- 10 au				

Part 5. Income from Any Other Source	CO		
	have income from any other source.		
Name of Source	Address	Description of Income	
Part 6-A. Compensation Income of In			
 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	
Trisha A Hitz LaFountain Special Education Teacher	Morrison Center 60 Chamberlain Road Scrborough, ME 04074	Non-profit providing educational services	
Child #1 Child #2	Dudziak School of Gymnasatics, Biddeford, ME Bonney Staffing Center, Inc. Kerry Brothers, Inc.	Gymnastics/Recreation program Staffing Agency Restaurant	
Child #3	Santa Clara University, Santa Clara, CA	Student Employment/Higher Education	
Part 6-B. Other Sources of Income of	f 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 di	d not have reportable	liabilities.		
Lender's Name	Lender's Address		Principal Type of Economic or Business Activity of Lender	
The state of the s	-70%	Mark.		
Part 8. Gifts, Including Travel ar	id Accommodations			
□ None. Check this box if you di	d not receive any gifts	3.		
Source of Gift			Source of Gift	
National Credit Union Administration (Travel a NCUA to attend a conference of Northeast sta	nd expenses reimbursed by the credit union supervisors).	2.		
3.		4.		
Part 9. Honoraria None. Check this box if you did	not receive honoraria	 		
Source of Honora	ria		Source of Honoraria	
1.		2.		
3.		4.	Application and the state of th	
Part 10. Positions in Political Acti	on, Ballot Question	or Party Commit	itees	
■ None. Check this box if you and or fundraiser of a PAC, BQC, or	your immediate fami Party Committee.	ly were not a trea	surer, or principal officer, decision-mak	
Name of Committee	Name of Official or	Family Member	Title	
1.				
2.		upper		
3.	- VV., di			

Part 11. Conducting Business wi				
■ None. Check this box if neither	you nor your imme	diate family did busir	ess with any State	agency.
Name of Agency		dual/Organization ods or Services	Description of	Good or Services
Part 12. Representing Others Bef				
None. Check this box if neither	you nor your immed	diate family represen	ted another before	a State agency.
Name of Agency		Name of Ind	ividual Receiving C	Compensation
Part 13. Positions in For-Profit an None. Check this box if you and non-profit organizations. Organization/Business	A STATE OF THE PROPERTY OF THE	nediate family did no	t hold positions in a Relationship to Executive	Compensated
and Address		Holder	Employee	Yes/No
McArthur Library Association Biddeford, Maine	Director	Trisha A. Hitz LaFountain	□ Self■ Spouse□ Dependent	
			□ Self	
			□ Spouse□ Dependent	
1,535,511			□ Self □ Spouse □ Dependent	
		ATURE		
CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT AN	ND TO THE BEST O	4-25	-17
Signature THE INTENTIONAL ENLINE		TIT IO A OLAGO E ODINE (ate
/ IHE INTENTIONAL FILING	3 OF A FALSE STATEME	NT IS A CLASS E CRIME (I M.R.S.A. § 1016-G(3)(B)))