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 Maine Ethics Commission

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

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS
 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 <i>Ellie Espling</i>	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing Address <i>12 Lewiston Rd</i>	District Number <i>65</i>
City/Town, State, Zip <i>New Gloucester, ME 04260</i>	E-mail Address <i>espling2@securespeed.us</i>

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by **5:00 p.m., Wednesday, February 15, 2017.**

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.**
- Campaign contributions and Maine Clean Election Act payments need 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.

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)) 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.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation!

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	Principal Type of Economic or Business Activity of Employer	Job Title

Part 2. Income from Self-Employment None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

Part 3. Business Entities None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity

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	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner

Part 5. Income from Any Other Source

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 Immediate Family Members

None. Check this box if no members of your immediate family received income 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 or Business Activity of Employer
Steve Espling Minister	North Deering Alliance Church 1301 Washington Ave Portland, ME 04103	church
Dependent, laborer Assistant Coach	Maxwell's Cutting Edge 112 Spurwink Ave, Cape Elizabeth, ME 04107 Gray New Gloucester HS Libby Hill Rd, Gray	landscaping Track coach
Dependent, laborer	Maxwell's Farm 112 Spurwink Ave CE 04107	Farming

Part 6-B. Other Sources of Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
Dependent +	Edward Jones 343 Ocean House Rd Cape Elizabeth, ME	Trust Distribution

Part 7. Loans		
<input type="checkbox"/> None. Check this box if you did not have reportable liabilities.		
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
Cumberland County FCU	43 Lewiston Rd Gray 04039	Credit union
Part 8. Gifts, Including Travel and Accommodations		
<input type="checkbox"/> None. Check this box if you did not received any gifts.		
Source of Gift	Source of Gift	Source of Gift
1. GOPAC	2. RSLC	
3.	4.	
Part 9. Honoraria		
<input checked="" type="checkbox"/> None. Check this box if you did not receive honoraria.		
Source of Honoraria	Source of Honoraria	Source of Honoraria
1.	2.	
3.	4.	
Part 10. Positions in Political Action, Ballot Question or Party Committees		
<input type="checkbox"/> 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 or Family Member	Title
1. House Republican Majority Fund	Ellie Espling	Principal officer
2. Maine Republican Party	Ellie Espling	Executive Board member
3. Republican National Committee	Ellie Espling	National Committeewoman

Part 11. Conducting Business with State Agencies

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 Before State Agencies

None. Check this box if neither you nor your immediate family represented another before a State agency.

Name of Agency	Name of Individual Receiving Compensation

Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

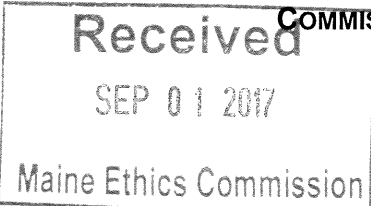
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
North Deering Alliance 1301 Washington Ave Portland	Pastor	Steve Espling	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent	yes
" "	Trustee	Ellie Espling	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	no
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

Cleanna Espling
Signature

2-14-17
Date



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UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: Ellie Espling Office & District Number: [X] House 65 [] Senate

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of income within 30 days of a substantial change in income, reportable liabilities, or positions of the Legislator and the Legislator's spouse or domestic partner that occurs in the current calendar year.

PART 1. INCOME FROM EMPLOYMENT BY ANOTHER

Date of Change:

Name and Address of Employer
Principal Type of Economic or Business Activity of Employer:
Job Title:

PART 2. INCOME FROM SELF-EMPLOYMENT

Date of Change:

Name and Address of Your Business:
Principal Type of Economic or Business Activity:
Name and Address of Customer/Client, if required:
Customer/Client's Principal Type of Economic or Business Activity:

PART 3. BUSINESS ENTITIES

Date of Change:

Name and Address of Business:
Principal Type of Economic or Business Activity:

PART 4. INCOME FROM THE PRACTICE OF LAW

Date of Change:

Name and Address of Practice or Firm:
Firm's Major Areas of Practice:
Your Major Areas of Practice:
Position (Partner, Associate, Sole Practitioner):

PART 5. INCOME FROM ANY OTHER SOURCE

Date of Change:

Name and Address of Income Source:
Description of Income:

Please call the Commission staff 207-287-4179 if you have any questions. Attach additional pages if necessary.

PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS

Date of Change: 8-1-17

Name of Family Member: Steve Espling	Job Title: Bus Driver
Name and Address of Employer: SAD 15, Shaker Rd, Gray, ME	Employer's Principal Type of Economic or Business Activity: School district

PART 6-B. OTHER SOURCE OF INCOME OF IMMEDIATE FAMILY MEMBERS

Date of Change:

Name of Family Member:	Type of Income:
Name and Address of Source of Income:	

PART 7. LOANS AND LIABILITIES

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)

Date of Change:

Source of Gift: Republican National Committee meetings Jan 17-21 and Aug. 23-26	Source of Gift: State Legislative Leaders Foundation on Mar. 6-8 BSLC July 23-26
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PART 9. HONORARIA

Date of Change:

Source of Honoraria:	Source of Honoraria:
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PART 10. POSITIONS IN PACs, BQCs OR PARTY COMMITTEES

Date of Change: 8-1-17

Committee Name: Maggies List (Federal PAC?)	
Name of Legislator or Family Member: Ellie Espling	Title: State Chair

PART 11. CONDUCTING BUSINESS WITH STATE AGENCIES

Date of Change:

Name of Agency:
Name of Individual/Organization Selling Goods or Services:
Description of Goods or Services:

PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES

Date of Change:

Name of Agency:
Name of Individual Receiving Compensation:

PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS

Date of Change:

Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.

Clayna Espling
Signature

8-30-17
Date