

FEB 0 3 2017

Received 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

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 Justin Chenette	Office ☐ House ☑ Senate
Mailing Address 20 Gar Field St, Apt 20	District Number 3 /
City/Town, State, Zip Socco, ME 04072	E-mail Address) ustinchenette lignails

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.

Part 1. Income from	Employment	by Another				
☐ None. Check this I	box if you did n	ot have income	from employme	ent by ar	nother.	
Name of Employer		Address	Principal Ty Business A			Job Title
Journal Tribune		Alfred St Land, MI otoos	Ala ne	velse wspa	ting 7	Digital Advertising Executive
Maine State Legislature	3 Statis	te House on, Augusta, M	HE Gover	nne	nt s	State Senator
Part 2. Income from	Self-Employn	nent				
☐ None. Check this l	box if you did n	ot have income	from self-emplo	oyment.		
Name of Your Business	Trade Name		Address			pal Type of Economic Business Activity
Chenetle Medi	ia LLC	P.O. Box 04	315, Sau 1072	e, ME	Marketic	3/Communications
Name of Client or Custom (see instructio			Address		Princip or Busi	pal Type of Economic ness Activity of Client
Part 3. Business Ent						
☐ None. Check this I	oox if you and	your immediate f	amily did not o	wn or co	ontrol more that	an 5% of any business.
Name of Busin	ess		Address			pal Type of Economic Business Activity
Chenette M LLC	edia	P.O. BOX Sacoj M	.315 £94079		<i>macheli</i> o	g / Communications
Part 4. Income from	the Practice of	of Law				
None. Check this b	ox if you did no	ot have income f	rom the practic	e of law.		
Name of Practice or Firm	Address		Major Areas f Practice		's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner

nave income from any other source.	
Address	Description of Income
nmediate Family Members s of your immediate family received inc	come of \$2,000 or more from
Employer's Name and Address	Principal Type of Economic of Business Activity of Employer
University of New England 11 Hills Beach Bioldeford, NE 04005	Education
Saco Wastewater 68 Front St Saco, ME 04072	Wastewater
Immediate Family Members of your immediate family received income	ome of \$2,000 or more from any
Source of Income Name and Address	Type of Income
	Address Immediate Family Members Is of your immediate family received income Employer's Name and Address University of Name and Address Saco Wastewater 68 Front St Saco Wastewater 68 Front St Saco Mastewater 68 Front St Saco Mast

Part 7. Loans			
None. Check this box if you did	d not have reportable	liabilities.	
Lender's Name		Lender's Address	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Including Travel a	nd Accommodation	S	
None. Check this box if you did			
Source of Gift			Source of Gift
1.		2.	
3.		4.	
Part 9. Honoraria			
None. Check this box if you did	not receive honoraria	a.	
Source of Honora	aria		Source of Honoraria
1.		2.	
3.		4.	
Part 10. Positions in Political Act	ion, Ballot Questio	or Party Commit	tees
None. Check this box if you and or fundraiser of a PAC, BQC, or		ily were not a treas	urer, or principal officer, decision-maker
Name of Committee	Name of Official o	r Family Member	Title
1.			
2.			
3.			

Part 11. Conducting Business wi	th State Agencies		. January and John John John School	
None. Check this box if neither year	ou nor your immedi	ate family did busine	ess with any State a	igency.
Name of Agency		dual/Organization ds or Services	Description of 0	Good or Services
Part 12. Representing Others Bef				
None. Check this box if neither y	ou nor your immed			
Name of Agency		Name of Ind	lividual Receiving C	compensation
Part 13. Positions in For-Profit ar	nd Non-Profit Orga	nizations		
 None. Check this box if you and non-profit organizations. Organization/Business and Address 	members your imm	Name of Position Holder	Relationship to	ny for-profit or Compensated Yes/No
 None. Check this box if you and non-profit organizations. Organization/Business and Address 	Title Prosident	Name of Position	Relationship to	Compensated
None. Check this box if you and non-profit organizations. Organization/Business and Address Saco Bay Center For Civic Engagement Saco Bay Center For Civic Engagement	Title Prosident	Name of Position Holder	Relationship to Legislator A Self Spouse	Compensated Yes/No
□ None. Check this box if you and non-profit organizations. Organization/Business and Address Saco Bay Center For Civic Engagement Saco Bay Center For Civic	Title Prosident Prosident	Name of Position Holder Sustin Chenetle Eduard	Relationship to Legislator A Self Spouse Dependent Self Spouse	Compensated Yes/No
None. Check this box if you and non-profit organizations. Organization/Business and Address Saco Pay Center For Civic Engagement Po. Box 67, Sacome Saco Maining Street	Title President Pro. Box & Toreasurer Director	Name of Position Holder Sustin Chenetle Eduard Zolivov	Relationship to Legislator A Self Spouse Dependent Self Spouse Dependent	Compensated Yes/No
None. Check this box if you and non-profit organizations. Organization/Business and Address Saco Pay Center For Civic Engagement Po. Box 67, Sacome Saco Maining Street	Title President Pro. Box & Zo, MF) Treasurer Director SIGN	Name of Position Holder Sustin Chenetle Eduard Zalvrov Sustin Chemetle Ature	Relationship to Legislator A Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent FMY KNOWLEDG	Compensated Yes/No No No

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	
13	Young Elected Officials Network State Justin 1550 Melvin St. Tallahusse, FL/ Digeton, Chentle Self MO
13	Friends of the Ballpark Wike Justin 1975 P.O. Box MB, Old Ordnard Beach President Cherotte Self 10



Name:

RECEIVED JUN 9 2017 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

UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Office & District Number:

Justin Chene	He	1	☐ House	Senate <u>5/</u>
REQUIREMENT TO FILE AN UPI	DATED STATEMENT			
Legislators are required to update their stalliabilities, or positions of the Legislator and (1 M.R.S.A. § 1016-G(2)(B)) Substantial of more; a new position in a political committ substantial changes in the information req Do not include information that you previous	I the Legislator's spouse or d changes include, but are not I ee or for-profit or non-profit o uired to be reported in the sta	omestic partne imited to, a ne rganization; a ı	r that occurs in the w employer or other new unsecured loan	current calendar year. r source of income of \$2,000 or n of \$3,000 or more; and other
PART 1. INCOME FROM EMPLOY	MENT BY ANOTHER		Date	of Change:
Name and Address of Employer Saco Sport and Fit Principal Type of Economic or Business Activity of Employer Health Club	ness, 329 Dorth	n St. Sa Job Title: Marke	GME040. ting Coo	72, 5/12/17
PART 2. INCOME FROM SELF-EN	IPLOYMENT		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 PRA	CTICE 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, Associat	te, Sole Practitioner):
PART 5. INCOME FROM ANY OTH	ER SOURCE		Date	of Change:
Name and Address of Income Source:				
Description of Income:				

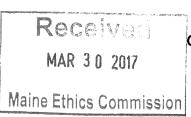
PART 6-A. INCOME OF I	MMEDIATE FAMILY MEMBE	RS	Date of Chang	e:
Name of Family Member:		Job Title:		
				100000
Name and Address of Employer:		Employer's Princ	cipal Type of Economic or Business Activity:	
DADT 6 P. OTHER SOUR	ace or brooks or briege	ATT FARM NO MA		
Name of Family Member:	RCE OF INCOME OF IMMEDI	The same of the sa	EMBERS Date of Chang	e:
Name of Family Member:		Type of Income:		
Dec 10 10 10 10 10 10 10 10 10 10 10 10 10				
Name and Address of Source of Income:				
PART 7. LOANS AND LIA	ARII ITIES		Data of Chang	
Name and Address of Lender:	BILITIES		Date of Chang	e.
Lender's Principal Type of Economic or Busi	iness Activity:			
	•			
DADT 9 CIETO (INCLUE)		.=)		
Source of Gift:	ES TRAVEL AND ACCOMOD		Date of Chang	je:
COLLING OF OILL		Source of Gift:		
			·	
PART 9. HONORARIA			Date of Chang	je:
Source of Honoraria:		Source of Honor	aria:	
PART 10 POSITIONS IN	PACs, BQCs or PARTY	COMMITTEES	Data of Chana	
Committee Name:	1 ACS, DQCS ON 1 ANTI	COMMITTEES	Date of Chang	je:
Name of Legislator or Family Member:			Title:	
PART 11 CONDUCTING	PHOINTOO WITH CTATE A	25110150	D (10)	
Name of Agency:	BUSINESS WITH STATE AC	JENCIES	Date of Chang	e:
······································				
Name of Individual/Organization Selling Goo	ds or Services:			
Description of Goods or Services:				
No. 20 Mars and a series				
	G OTHERS BEFORE STATE	AGENCIES	Date of Chang	e:
Name of Agency:				
Name of Individual Receiving Compensation				
, , , , , , , , , , , , , , , , , , ,				
PART 13 POSITIONS IN	FOR-PROFIT AND NON-PR	OFIT ORGANIZA	ATIONS Date of Chang	io.
	Name and Address of			
Name of Position Holder	Organization/Business	Title	Relationship to Legislator	Compensated
			□ Self	
	*		□ Spouse	□ Yes
			□ Dependent	□ No
	4500		- Dependent	
	S_{I}	IGNATURE		
I certify that I have examined th	is report and to the best of my kn	owledge it is true, o	correct, and complete.	1/11
11 //1				
1//////////////////////////////////////	Ciamatura		- 4/-//	7/
//	Signature			Date

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



Name

Mailing Address



COMMISSION ON GOVERNMENTAL ÉTHICS AND ELECTION PRACTICES

Office

District Number

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE

☐ House

WEBSITE: WWW.MAINE.GOV/ETHICS PHONE: 207-287-4179

Senate

1

FAX: 207-287-6775

30-DAY UPDATE TO STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

City/Town, State, Zip	Saco, ME O.	4078	2	E-mail <i>i</i>	Address iustro	Cherette Ogminico
	TO FILE AN UPDATED					
income, reportable occurs in the curto, a new employ organization; a number reported in the	equired to update their standed liabilities, or positions of the rent calendar year. (1 M. wer or other source of income were unsecured loan of \$3, the statement of sources of the the reported loan previously reported the liable liabilities.	of the Le R.S.A. § ome of \$2 000 or n income	gislator and the l 1016-G(2)(B)) = 2,000 or more; a nore; and other s	Legislator's spou Substantial char new position in ubstantial chang	use or do nges inclu a for-prof ges in the	mestic partner that ude, but are not limited fit or non-profit e information required to
Part 1. Income	e from Employment by	Another				
Date of Change	Name of Employer		Address	Principal Type of l or Business Ac Employe	tivity of	Job Title
Part 2. Income	e from Self-Employmen	t				
Date of Change	Name of Your Business/Trac	le Name	Ado	ress		cipal Type of Economic or ness Activity of Employer
Part 3. Busine	ess Entities					
Date of Change	Name of Business		Add	ress		cipal Type of Economic or ness Activity of Employer
Part 4. Incom	e from the Practice of L	aw				
Date of Change	Name of Practice or Firm	Your	Major Areas of Practice	Firm's Major A Practice		Position: Partner, Associate, Sole Practitioner
	e from Any Other Source	e			Τ .	
Date of Change	Name of Source			ress		Description of Income
August 2017	Kev3/Fromman		Virgina,	ateway ct. 11.5.	Coord	aut for volunteer

Part 6-A. Compen	isation Income of Spouse/Don	nestic Partner		
Date of Change	Name and Job Title	Employer's Nar	me and Address	Principal Type of Economic or Business Activity of Employer
Part 6-B. Other Sc	ources of Income of Spouse/D	omestic Partne	er	
Date of Change	Name of Spouse/Domestic Partner		of Income Address)	Type of Income
		(Name a	/ radioss)	
Part 7. Unsecured	d Loans of \$3,000 or more			
Date of Change	Lender's Name	Lender's	Address	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Inclu	uding Travel and Accommoda	T		
Date of Change	Source of Gift	Date of	Change	Source of Gift
Part 9. Honoraria				
Date of Change	Source of Honoraria	Date of	Change	Source of Honoraria
Part 10. Positions	l in Political Action, Ballot Ques	tion or Party C	Committees	
Date of Change	Name of Committee	T	or Family Member	Title
Part 11. Conducti	 ing Business with State Agend	l cies		
Date of Change	Name of Agency		lual/Organization ds or Services	Description of Goods or Services
Part 12. Represer	 nting Others Before State Age	 ncies		
Date of Change	Name of Agency		Individu	al Receiving Compensation
Part 13. Positions	in For-Profit and Non-Profit C	Organizations		
Date of Change	Organization/Business and Address	Name of Po	sition Holder	Compensated Yes/No
	S	GIGNATURE		
	HAVE EXAMINED THIS REPOR	T AND TO THE	BEST OF MY K	(NOWLEDGE IT IS TRUE,
CORRECT, AND CO	DIVIPLE I E./	1		_//
	Mh		*	30/1
	Signature			Date
THI	E INTENTIONAL FILING OF A FALSE STA	TEMENT IS A CLASS	SECRIME. (1 M.R.S.	A. § 1016-G(3)(B))

Justin Chenette

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

☐ House ___ X Senate 3 (

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

UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Office & District Number:

	AN UPDATED STATEMENT	
liabilities, or positions of the Leg (1 M.R.S.A. § 1016-G(2)(B)) Sumper: a new position in a politic	gislator and the Legislator's spouse o ubstantial changes include, but are no al committee or for-profit or non-profi mation required to be reported in the	me within 30 days of a substantial change in income, reportable of domestic partner that occurs in the current calendar year. It is interested to limited to, a new employer or other source of income of \$2,000 or torganization; a new unsecured loan of \$3,000 or more; and other statement of sources of income. Please report only new information.
PART 1. INCOME FROM E	EMPLOYMENT BY ANOTHER	Date of Change:
Name and Address of Employer		
Principal Type of Economic or Business Activi	ity of Employer:	Job Title:
PART 2. INCOME FROM S	ELF-EMPLOYMENT	Date of Change: 9//// 7
Principal Type of Economic or Business Activited PR Market Agame and Address of Customer/Client, if requires	Manassas, Vira	
ART 3. BUSINESS ENTITIE		Date of Change:
ne and Address of Business: cipal Type of Economic or Business Activity:	THE PROPERTY AS	
RT 4. INCOME FROM THE	PRACTICE OF LAW	Date of Change:
e and Address of Practice or Firm:	Thorn als by many	Distriction of the Control of the Co
s Major Areas of Practice:	Your Major Areas of Practice:	Position (Partner, Associate, Sole Practitioner):
RT 5. INCOME FROM ANY	OTHER SOURCE	Date of Change:
and Address of Income Source:		

Eduard		and Envicor	mental Frains	000
Name and Address of Employer	ter Weeler	Employer's Principal	Type of Economic or Business Activity:	ee;
S11 Cana	ress St. Yortland, NE	4/01 Cansulta	ing-Engineevin	>
PART 6-B. OTHE	R SOURCE OF INCOME OF IMME	DIATE FAMILY MEMI	BERS Date of Change:	
Name of Family Member:		Type of Income:		
Name and Address of Source of Ir	ncome:			
PART 7. LOANS AN	ND LIABILITIES		Date of Change:	
Name and Address of Lender:				
Lender's Principal Type of Economi	ic or Business Activity:			
PART 8. GIFTS (INC	LUDES TRAVEL AND ACCOMOD		Date of Change:	
- San Go Gr Cinc.		Source of Gift:		
PART 9. HONORARIA				
Source of Honoraria:	4	Source of Honoraria:	Date of Change:	
PART 10. POSITIONS	IN PACS, BQCs OR PARTY	COMMITTEES		
Committee Name:	MI MOS, BOOS ON FARIT	COMMITTEES	Date of Change:	
ame of Legislator or Family Member:		Tit	ie:	
		Tit	le:	
ame of Legislator or Family Member:	G BUSINESS WITH STATE AG			
ame of Legislator or Family Member:	IG BUSINESS WITH STATE AG		Date of Change:	
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency:				
ame of Legislator or Family Member: ART 11. CONDUCTIN				
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency:				
ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G	Goods or Services:	GENCIES		
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G cription of Goods or Services: RT 12. REPRESENTIN		GENCIES		
ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G	Goods or Services:	GENCIES	Date of Change:	
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ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G cription of Goods or Services: RT 12. REPRESENTIN	NG OTHERS BEFORE STATE	GENCIES	Date of Change:	
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G pription of Goods or Services: RT 12. REPRESENTIN of Agency:	NG OTHERS BEFORE STATE	AGENCIES	Date of Change: Date of Change:	
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G cription of Goods or Services: RT 12. REPRESENTIN of Agency: of Individual Receiving Compensation T 13. POSITIONS IN	NG OTHERS BEFORE STATE TO STATE STA	AGENCIES DESTRUCTION OF THE PROPERTY OF THE P	Date of Change: Date of Change:	
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G pription of Goods or Services: RT 12. REPRESENTIN of Agency:	NG OTHERS BEFORE STATE	AGENCIES	Date of Change: Date of Change:	Compensated
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G cription of Goods or Services: RT 12. REPRESENTIN of Agency: of Individual Receiving Compensation T 13. POSITIONS IN	NG OTHERS BEFORE STATE TO STATE STATE TO STATE STATE STATE NOTE	AGENCIES DESTRUCTION OF THE PROPERTY OF THE P	Date of Change: Date of Change: ONS Date of Change: Relationship to Legislator	
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G cription of Goods or Services: RT 12. REPRESENTIN of Agency: of Individual Receiving Compensation T 13. POSITIONS IN	NG OTHERS BEFORE STATE TO STATE STATE FOR-PROFIT AND NON-PROFIT	AGENCIES DESTRUCTION OF THE PROPERTY OF THE P	Date of Change: Date of Change: ONS Date of Change: Relationship to Legislator □ Self	
ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G cription of Goods or Services: RT 12. REPRESENTIN of Agency: of Individual Receiving Compensation T 13. POSITIONS IN	NG OTHERS BEFORE STATE TO STATE STATE FOR-PROFIT AND NON-PROFIT	AGENCIES DESTRUCTION OF THE PROPERTY OF THE P	Date of Change: Date of Change: ONS Date of Change: Relationship to Legislator Self Spouse	Compensated
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ame of Legislator or Family Member: ART 11. CONDUCTIN me of Agency: ne of Individual/Organization Selling G tription of Goods or Services: RT 12. REPRESENTIN of Agency: of Individual Receiving Compensation T 13. POSITIONS IN ame of Position Holder	FOR-PROFIT AND NON-PROFIGURE OF STATE	AGENCIES DESTRUCTION OF THE STATE OF THE ST	Date of Change: Date of Change: ONS Date of Change: Relationship to Legislator Self Spouse Dependent	Compensated

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

Date

Signature