



**Received**  
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 Maine Ethics Commission

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**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 to a previously filed statement.

Name <i>Lori A. Fowle</i>	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
City/Town, State, Zip <i>Nassauboro ME 04989</i>	E-mail Address <i>lorifowlehouse58@gmail.com</i>

**FILING DEADLINE**

**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) as defined in 17 M.R.S. § 1012(2)(B).

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 \$2,000 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 \$2,000 or more;
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

None. Check this box if you did not have income from employment by another.

		Business Activity of Employer	
Maine State Legislature	3 State House Station Augusta	Government	State Representative

**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
(see instructions)		or Business Activity of Client

**Part 3. Business Entities**

Does Not Apply. None

Name of Business	Address	Principal Type of Economic

**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, etc.

**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**

Name of Immediate Family Member: \_\_\_\_\_ Compensation Received: \$40,000  
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
EVERETT FOWLE	State of Maine	Judge

**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

**Part 7. Loans**

None. Check this box if you did not have reportable liabilities.

Debit or Credit	Debit or Credit	Principal Type of Economic or Financial Interest

**Part 8. Gifts, Including Travel and Accommodations**

None

Source of Gift	Source of Gift
1.	2.
3.	7.

**Part 9. Honoraria**

None

Source of Honoraria	Source of Honoraria

None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker, or member of any committee.

Name of Committee	Name of Official or Family Member	Title
1.		
2.		
3.		

**Part 11. Conducting Business with State Agencies**

None. Check this box if you and members your immediate family did not conduct business with any state agency.

Name of Agency	Name of Individual/Organization	Description of Good or Services

**Part 12. Representing Others Before State Agencies**

None. Check this box if you and members your immediate family represented another person 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
Kennebec Behavioral Health	Board Member	Lori	<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"/> Self <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.

*Lori Gray*

1/12/2017