

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAR 24 2014

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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

For the 2013 Calendar Year: January 1, 2013 - December 31, 2013

Check here if this statement is an update or amendment of a previously filed statement.

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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.
- 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.

Please keep a copy of this statement for your records!

REPORTING DEADLINES

Constitutional Officers and the State Auditor

lewly 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.

The state of the San	box it you did n	2	income from employm		Total Inc.	
Name of Employer		Address		ype of Econ Activity of Em	omic or nployer	Job Title
Part 2. Income from	-		**/ut-ts-0/2/2014/6/2014/6			
Name of Your Business		ot have	income from self-emplo Address	oyment.	in the second of	
					or E	al Type of Economic Business Activity
ame of Client or Custome instructions			Address		Principa or Busin	al Type of Economic ess Activity of Client
Part 3. Business En		our imm	rediate family did not o	win or conf	rol more the	50/ of ony business
Name of Busin			Address		Principa	I Type of Economic usiness Activity
Part 4. Income from			ncome from the practic	e of law.		
ame of Practice or Firm	Address		Your Major Areas of Practice	Firm's M	ajor Areas of actice	Position: Partner, Associate, Sole Practitioner

Part 5. Income from Any Other So		
☑ None. Check this box if you did no	ot have income from any other source.	Alliando de Martina de Calendar de Cal
Name of Source	Address	Description of Income
Part 6-A. Compensation Income o	f Immediate Family Members	
☑ None. Check this box if no memb employment or compensation.	ers of your immediate family received in	come 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
Part 6-B. Other Sources of Income ☑ None. Check this box if no member other source.	of Immediate Family Members ers of your immediate family received inc	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 Address	Principal Type of Economic or Business Activity of Lender		
	·				
- TOTAL CONTROL OF THE STATE OF		<u></u>			
Part 8. Gifts, Including Trave	l and Accommodation	S			
☐ None. Check this box if you o	did not received any gifts	S.			
Source of C	Sift New York Charles to		Source of Gift		
National Regulatory Research Insti	tute (travel cost)	2. International Energy Agency/Electrical Power Research Inst./International Emissions Trading Ass. (travel cost)			
3. Maine Public Utilities Commission	(travel cost)	4. National Ass. of Reg. Utility Commissioners (travel cost)			
'art 9. Honoraria ☑ None. Check this box if you di	id not received honoraria	a.			
Source of Hon	oraria	e opinisticky situacij	Source of Honoraria		
1.		2.			
3.		4.			
Part 10. Positions in Political A	Action, Ballot Question	or Party Committe	ees in Alexand		
☑ None. Check this box if you ar or fundraiser of a PAC, BQC, or F	-	y were not a treasur	er, or principal officer, decision-maker		
Name of Committee	Name of Official or	Family Member	Title		
1.					
2.					

Part 11. Conducting Business wi	th State Agencies				
□ None. Check this box if neither your	ou nor your immedia	ate family did busines	ss with any State a	gency.	
Name of Agency		dual/Organization ds or Services	Description of Good or Services		
Maine DEP	RGGI Inc.		RGGI Inc. provides administrative services to Maine and 8 other states, I serve on the		
			1866. For board in my official pur coposity		
Part 12. Representing Others Bef	ore State Agencie	.s			
None. Check this box if neither you	ou nor your immedia	ate family represente	d another before a	State agency.	
Name of Agency		Name of Ind	ividual Receiving (Compensation	
Part 13. Positions in For-Profit an ☐ None. Check this box if you and r profit organizations. Organization/Business and Address			nold positions in ar Relationship to executive branch employee	ny for-profit or non- Compensated Yes/No	
RGGI Inc.	Vice Chair/Treasurer	self	☑ Self ☐ Spouse ☐ Dependent	no	
The Climate Registry	executive board member	self	☑ Self □ Spouse □ Dependent	no	
National Regulatory Research Inst.	excecutive board member	self	☑ Self □ Spouse □ Dependent	no	
	SIGN	ATURE			
I CERTIFY THAT THAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT AI	ND TO THE BEST O		SE IT IS TRUE,	
Signature THE INTENTIONAL FILE	ING OF A FALSE STATE	MENT IS A CLASS E CRIME		ate	