

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAY 0 2 2018 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

Name:	Office & District Number:				
John E. MAdigAN	Ja	☑ House	115	∃ 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. (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 of \$2,000 or more; a new position in a political committee or for-profit or non-profit organization; a new unsecured loan of \$3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only new information. Do not include information that you previously reported. PART 1. INCOME FROM EMPLOYMENT BY ANOTHER Date of Change: 5/1/18 Name and Address of Employer Town of Rangeley ME 15 Schoolst. Rangeley ME Principal Type of Economic or Business Activity of Employer: Job Title: LOCAL Govennment INTERUM Town MANAger					
		Neaum	My MAG	NAGER	
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/Cilent'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:					
rm's Major Areas of Practice: Your Major Areas of Practice:		Position (Part	Position (Partner, Associate, Sole Practitioner):		
PART 5. INCOME FROM ANY OTHER SOURCE			Date of Change:		
Name and Address of Income Source:					
Description of Income:					