



# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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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.

Name John A. Mantins	Job Title Communications Director
Department  OHHS	Phone (work) 207-287.5012
Mailing Address (work) 11 St/S 221 State Street Nogustr, ME (4330	E-mail Address (work)  John.a. Martins a Marne, gay

### **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

Newly 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.

Name of Employer    Principal Type of Economic or Business Activity of Employer   Part 2. Income from Self-Employment	None. Check this box if you did	d not have income from	m employment by a	nother.	
Name of Your Business/Trade Name  Name of Your Business/Trade Name  Address  Principal Type of Economic or Business Activity  Name of Client or Customer, if required (see instructions)  Part 3. Business Entities  Name of Business  Address  Principal Type of Economic or Business Activity of Client or Business Activity  Part 4. Income from the Practice of Law  Evinone. Check this box if you did not have income from the practice of law.		and the second second second second second	Principal Type of Eco	onomic.or	Job Title
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Practice Practice Associate,	Name of Practice or Firm Addre	ss Your Maj	or Areas of Firm's	Major Areas	Associate, Sole
- Practition					Practitioner

Yone. Check this box if you did not l	nave income from any other source	
Name of Source	Address	Description of Income
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Part 6-A. Compensation Income of Im  ☐ None. Check this box if no members employment or compensation.		me 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
Susan C. MARTINS Office Managen	Sandcastle Preychool + UA Audidig Strawbenry Avenue Leuxston Mil	Preschool/Audiobsy Services

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.	or your infinediate family received inc	one or \$2,000 or more nom any		
Name of Spouse or Partner———————————————————————————————————	Source of Income Name and Address	Type of Income		
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Part 7. Loans		
None. Check this box if you did not have re	portable liabilities.	
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

Part 8. Gifts, Including Travel and Acc	ommodations
None. Check this box if you did not rec	eived any gifts.
Source of Gift	Source of Gift
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Part 9.	Honoraria	
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	Source of Honoraria	Source of Honoraria
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3.		4.
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# Part 10. Positions in Political Action, Ballot Question or Party Committees 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 1.

Name of Agency	Mane Check this box if neither you	u nor vour immedi	ate family did husine	ss with any State a	dency
Part 12. Representing Others Before State Agencies    Mone. 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  Name of Position.  Organization/Business  Title  Name of Position.  Relationship to Compensation.  Pelationship to Compensation.  Self  Spouse  Dependent  Self  Spouse  Dependent  Signature  CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.  4 1914				.T	
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