

Received Commission on Governmental Ethics and Election Practices

JAN 25 2019

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Maine Ethics Commission

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2018 Calendar Year: January 1, 2018 - December 31, 2018

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

| Name | Office | | | | |
|--|------------------|--|--|--|--|
| Toyce E. mccreight | ☐ House ☐ Senate | | | | |
| Mailing Address | District Number | | | | |
| 155 Guen Point Rd. | HD 51 | | | | |
| City/Town, State, Zip | E-mail Address | | | | |
| Harpswell, me 04079 | Jan macreight & | | | | |
| FILING DEADLINE | | | | | |
| Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Friday, February 15, 2019. | | | | | |

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- Complete all sections. If a section is not applicable, check the box labeled "None" for that section.
- A glossary is located in the back of this form.
- If completing this form by hand, PLEASE WRITE LEGIBLY. DO NOT USE RED INK
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific <u>sources</u> of income. Dollar amounts should not be reported.
- · Campaign contributions and Maine Clean Election Act payments should 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.

IMPORTANT NOTICE: 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)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. 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 Emp | loyment by Anoth | er | | |
|---|----------------------------|---------------------------------|--|--|
| _ | if you did not have i | income from employn | nent by another. | |
| Name of Employer | Address | | ype of Economic or Activity of Employer | Job Title |
| Maine State Legislature | State House Augusta, ME | Governr | ment | Legislator |
| | | | | |
| Part 2. Income from Self- | Employment | | | |
| None. Check this box i | f you did not have i | ncome from self-emp | loyment. | |
| Name of Your Business/Trade | Name Name | Address | Formula Control | Principal Type of Economic or Business Activity |
| | | | | |
| | | | | |
| Name of Client or Customer, if I (see instructions) | required | Address | F | rincipal Type of Economic Business Activity of Client |
| | | | | |
| | | | | |
| Part 3. Business Entities | | | | |
| ☐ None. Check this box | f you and your imm | nediate family did not | own or control mo | re than 5% of any business. |
| Name of Business | | Address | F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | rincipal Type of Economic or Business Activity |
| Brynmorgen? | E 220 | Buth Rd. runswick r | ne Pu | blisher |
| Brick LLC | | s Buth Rd, newick me | Re | ital Property |
| Part 4. Income from the I | Practice of Law | | | |
| None. Check this box | if you did not have i | ncome from the pract | tice of law. | |
| Name of Practice or Firm | Address | Your Major Areas of Practice | Firm's Major An of Practice | Position: Partner, Associate, Sole Practitioner |
| | | | | |
| | | · | | |
| | | | | |

| Part 5. Income from Any Other Sou | ırce | |
|---|--|--|
| ☐ None. Check this box if you did n | ot have income from any other source. | |
| Name of Source | Address | Description of Income |
| Ameriprise Financial Services | 45 Forest Falls Dr. Yarmouth, me | Investments |
| Maine Public Employees Retirement Service | 46 State House Ster Augusta, ME | Retirement |
| | | |
| Part 6-A. Compensation Income of | 00 (100), 100 (200), 1 | |
| None. Check this box if no member employment or compensation. | pers of your immediate family received i | income 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 |
| Tim Mccreight President | Brynmorgen Press 318 Beth Rd. Bruns wich, me | Publisher |
| | | |
| Part 6-B. Other Sources of Income | of Immediate Family Members | |
| None. Check this box if no memlother source. | bers of your immediate family received | income 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 |
| Tim mecreight | Brick LLC 318 Booth Rd Brunswick ME | Rent |
| Tim mecraight | BP HOLLING 318 BORN Rd. Brunewick m.E | Rent |
| Tim macreight | Toolbox Travel L3C 318 Bath Rd. | - Administration of travel program |

| / 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 | |
| | | | | | |
| | | | - | | |
| Part 8. Gifts, Including Travel and | d Accommodations | | | | |
| ☐ None. Check this box if you did | I not receive any gifts | 3. | | | |
| Source of Gift | | | Soi | urce of Gift | |
| 1. Council of Sta Governments-Medic | ate caid Acideony | 2. | | | |
| 3. | | 4. | | | |
| Part 9. Honoraria | | | | | |
| None. Check this box if you did | not receive honoraria | a. | | | |
| Source of Honora | ria | | Sourc | e of Honoraria | |
| 1. | | 2. | | | |
| 3. | | 4. | | | |
| Part 10. Positions in Political Acti | on, Ballot Question | or Party Commit | tees | | |
| None. Check this box if you and or fundraiser of a PAC, BQC, or | | ily were not a treas | surer, o | r principal officer, decision-maker | |
| Name of Committee | Name of Official or | Family Member | | Title | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

| Part 11. Conducting Business with | n State Agencies | | | |
|---|--------------------|------------------------------------|-------------------------------|-----------------------|
| None. Check this box if neither y | ou nor your immed | iate family did busine | ess with any State a | agency. |
| Name of Agency | | ual/Organization Is or Services | Description of G | Good or Services |
| | | | | |
| Part 12. Representing Others Befo | ore State Agencies | | | |
| None. Check this box if neither y | | | ed another before | a State agency. |
| Name of Agency | | | vidual Receiving C | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part 13. Positions in For-Profit an | d Non-Profit Orga | nizations | | |
| ☐ None. Check this box if you and non-profit organizations. | members your imm | nediate family did no | t hold positions in a | iny for-profit or |
| Organization/Business and Address | Title | Name of Position Holder | Relationship to Legislator | Compensated Yes/No |
| Toolbox Initiative | Co- Director | Tim mecreight | □ Self Spouse □ Dependent | Po |
| Toolbox Trevel | Director | Tim | □ Self □ Spouse □ Dependent | yes |
| Masters Registry | Co- Director | Tim macraight | □ Self ★ Spouse □ Dependent | No |
| | SIGN | ATURE | | |
| I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE. | THIS REPORT A | ND TO THE BEST O | F MY KNOWLEDG | GE IT IS TRUE, |
| Signature | cressit | | 1 20 | <u> </u> |

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

ADDITIONAL INFORMATION

| Please pro | ovide any additio | nal information in | the space below. | Indicate the part number | for the information | you are |
|------------|-------------------|--------------------|------------------|--------------------------|---------------------|---------|
| providing. | Use additional p | pages if necessary | y. | | | |

| Part Number | | |
|-------------|--|----|
| 13 | Brick LLC President Timmereight Spouce | No |
| 13 | BP Holding LC President Tim Mareight Spacese | 20 |
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