

RECCOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

APR 15 2014

Maine Ethics Commission

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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 Actaine Nudeuu	DIVECTOR OF Mainelave			
Department of Health and Human Services	Phone (work) 207 - 287 - 2093			
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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

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.

Part 1Income from Emp	oloyment by /	Another					
☑ None. Check this box is	f you did not h	ave income from	n employme	ent by an	other.	•	
- Name of Employer	Ād	dress	Principal Ty Business A	pe of Eco ctivity of E	nomic or mployer		Job Title
							•
Part 2. Income from Self							
None. Check this box if	f you did not h	ave income fror	n self-emplo	yment.	<u>-</u>		
Name of Your Business/Trade	Name	Add	ress		Pr	incipal Typ or Busine	e of Economic ess Activity
Columbia (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)					3 * * * * * * * * * * * * * * * * * * *	, et in given dig versus even even en en e	
Name of Client or Customer, if req	uired (see	, ,	ress		Dr.	noinal Tyn	e of Economic
instructions)	Julieu (See						ctivity of Client
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		-				· · · · · · · · · · · · · · · · · · ·	
Part 3. Business Entities							
☑ None. Check this box if	you and your	openia de la la comita de la comita del la comita de la comita del la comita		vn or cor		two contracts to the	المستخدمات ويساءون والزيواء المارات
Name of Business		i.e.∖s u Addi	ress		Pri		e of Economic ss Activity
					•		
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Part 4.≡Income from the F	Practice of La	w					
None. Check this box if you did not have income from the practice of law.							
Name of Practice or Firm	Address		or Areas of ctice		Major Areas Practice	of	Position: Partner, Associate, Sole Practitioner
The second secon							1 TOOMIOIO
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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			
		·			
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·					

Part 6-A. Compensation Income of Immediate Family Members					
☐ None. Check this box if no members of your immediate family received income of \$2,000 or more from					
employment or compensation. Name and Job Title ————— Employer's Name and Address — Principal Type of Economic or —					
- (do not list name of dependent child)		Business Activity of Employer			
banjel Nadeau. Rental Nanager	PEDALTMENT OF DEFENSE, Veterans and Emergenced Managment \$ 33 Sits, Augusta, ME 0433	State of Maine			
	,				

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 Source of Income Type of Income (do not list name of dependent child) Name and Address						
Dankl Nadeau	Muthple colleges/universities throughout Marine	Referee (SOCCEV, basketball)				

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 Accommodations				
⊠ None. Check this box if you did not received any gifts.				
Source of Gift	Source of Gift			
1.	2.			
3.	4.			
	·			

3.	4.	· ·
1	2.	
Source of Honoraria	Source of Hor	noraria
None. Check this box if you did not received he		

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	Title			
1.					
		·			
2.					

Part 11. Conducting Business wi	th State Agencies			
None. Check this box if neither yo	ou nor your immedi	ate family did busine	ss with any State a	gency.
Name of Agency		dual/Organization	Description of	Good or Services
			-	
Part 12. Representing Others Bef	ore State Agencie	S		
None. Check this box if neither you	ou nor your immedi			
Name of Agency		Name of Ind	ividual Receiving C	Compensation
The second secon				4 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
Part 13. Positions in For-Profit an	d Non-Profit Orga	nizations		
None. Check this box if you and no profit organizations.	nembers your imme	ediate family did not h	nold positions in ar	y for-profit or non-
Organization/Business and Address	Title	Name of Position Holder	Relationship to executive branch employee	Compensated Yes/No
			☐ Self ☐ Spouse ☐ Dependent	
			□ Self □ Spouse □ Dependent	
			□ Self □ Spouse □ Dependent	
The first of the contract of t	SIGN	ATURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.		4	F MY KNOWLEDG	E IT IS TRUE,
ALLALLALLUL Signature		· · · · · · · · · · · · · · · · · · ·	<u>4-10-1</u>	<u>/</u> ate
	ING OF A FAI SE STATE	MENT IS A CLASS E CRIME	E (5 M.R.S.A. & 19(4)(B))	