

### COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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

Date of Change:

# UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name:	Office & District Number:	· -
Matthew G. Pouliot	□ House	■ Senate

### **REQUIREMENT TO FILE AN UPDATED STATEMENT**

Legislators are required to update their statement of sources of income within <u>30 days</u> 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: Name and Address of Employer Principal Type of Economic or Business Activity of Employer: Job Title: PART 2. INCOME FROM SELF-EMPLOYMENT Date of Change: 04/16/2019 Name and Address of Your Business: Pouliot Real Estate, Inc Principal Type of Economic or Business Activity: Real Estate Agent - Compensation received on 4/12/2019 for services rendered in 2018. Name and Address of Customer/Client, if required: FEM Katherine Drive, LLC - 2 Changebridge Road Suite 201Montville, NJ 07045 Customer/Client's Principal Type of Economic or Business Activity: Real Estate Holding Company 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

Name and Address of Practice or Firm:		
Firm's Major Areas of Practice:	Your Major Areas of Practice:	Position (Partner, Associate, Sole Practitioner):
PART 5. INCOME FROM ANY OTHER SOURCE		Date of Change:
Name and Address of Income Source:		

Description of Income:

Please call the Commission staff 207-287-4179 if you have any questions. Attach additional pages if necessary.

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PART 6-A. INCOME OF II	MMEDIATE FAMILY IVIEMBEI	RS	Date of Chang	e:		
Name of Family Member:		Job Title:				
Name and Address of Employer:		Employer's Princip	Employer's Principal Type of Economic or Business Activity:			
	RCE OF INCOME OF IMMEDIA		MBERS Date of Chang	e:		
Name of Family Member:		Type of Income:				
Name and Address of Source of Income:						
PART 7. LOANS AND LIABILITIES			Date of Change:			
Name and Address of Lender:			Bate of onling			
Lender's Principal Type of Economic or Busi	iness Activity:					
PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS) Date of Change:				e:		
Source of Gift: Source of Gift:		Source of Gift:				
Part 9. Honoraria			Date of Chang	e:		
Source of Honoraria:		Source of Honorar	a:			
	PACS, BQCS OR PARTY	COMMITTEES	Date of Chang	e:		
Committee Name:						
Name of Legislator or Family Member:			Title:			
PART 11. CONDUCTING	BUSINESS WITH STATE AG	ENCIES	Date of Change: 04/16/2019			
Name of Agency: Public Utlilities Commission						
Name of Individual/Organization Selling Goo	ds or Services:					
Pouliot Real Estate, Inc / RE	/MAX Riverside					
Description of Goods or Services: Brokerage Services rendered	d to FEM Real Estate LLC, ow	ner of the building	that was leased to PUC.			
Brokerage Services rendered to FEM Real Estate LLC, owner of the building that was leased to PUC.   PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES   Date of Change:						
Name of Agency:			Duto of onang			
Name of Individual Receiving Compensation	:					
PART 13. POSITIONS IN	FOR-PROFIT AND NON-PR	ofit Organiza <sup>.</sup>	TIONS Date of Chang	e:		
Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated		
			□ Self			
			□ Spouse	■ Yes □ No		
			Dependent			

I certify thats have examined this report and to the best of my knowledge it is true, correct, and complete.

MA ANA

4/16/2019