

# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAR 24 2014

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# | Maine Ethics Commission | 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 GERALD T. REID	Job Title BABLO
Department DAFS	Phone (work) 207 - 287 - 372/
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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.

✓ None. Check this box if	you did not ha	ve income fror	n employm	ent by and	ther.			
Name of Employer	Addr	<b>ess</b>	Principal T Business A	ype of Econo Activity of Em	omic or— iployer		Job Title	
					-			
Part 2. Income from Self-I	Employment	The second secon		1				
<b>风</b> None. Check this box if	you did not ha	ve income fror	n self-empl	oyment.				
Name of Your Business/Trade I	Name	Add	ress		Pri	ncipal Type of or Business	of Economic Activity	
Name of Client or Customer, if requirest	ilred (see	Ádd	ress		Prir or B	ncipal Type o usiness Acti	of Economic vity of Client	
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Part 3. Business Entities		The second secon				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
None. Check this box if y	you and your in	mmediate fam	ily did not o	wn or conf	rol more	than 5% o	f any busin	ess.
Name of Business.		Add	#			ncipal Type o or Business	f Economic	
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Part 4. Income from the P	ractice of Law	The second secon	The second secon		The second secon			
	ou did not hav	e income from	the practic	e of law.				
Name of Practice or Firm	Address	Your Majo	or Areas of	=Firm's N	lajor Areas ractice		osition: Partn Associate, So Practitioner	le

Part 5. Income from Any Other So	Durce				
□ None. Check this box if you did not have income from any other source.					
Name of Source	Address	Description of Income			
	On the control of an additional control of the cont				
KRAFT FOODS, INC	NORTH LAKE, ILLINOIS	RETIREMENT PENSION			

- Nama and Jab Tilla	Employada Nama and Addrosa	Dringing Type of Economics
Name and Job Title do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic of Business Activity of Employe

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
		- Parasitari
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Part 6-B. Other Sources of Income of Immediate Family Members

Part 7. Loans		
None. Check this box if you did not have re	eportable liabilities.	
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
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Part 8. Gifts, Including Travel and Accommodation	
None. Check this box if you did not received any gifts	
Source of Gift	Source of Gift
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***************************************	
3.	4.
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Part 9. Hon	oraria	
成 None. Ch	neck this box if you did not received hono	oraria.
	Source of Honoraria	Source of Honoraria
1.		2.
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3.		4.

# 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 2.

None. Check this box if neither yo	u nor your immedi	ate family did busine	ss with any State a	gency.
Name of Agency	Name of Indivi	dual/Organization	Description of	Good or Services
		ds or Services		
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Part 12. Representing Others Bef	ore State Agencie	Section (Control of Control of Co		
None. Check this box if neither yo	ou nor your immedia	ate family represente	ed another before a	State agency.
Name of Agency		Name of Inc	lividual Receiving (	Compensation
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Part 13. Positions in For-Profit an				
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