

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

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

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

 $\hfill \Box$ Check here if this statement is an amendment of a previously filed statement.

Name Linda Sanborn	Office
Mailing Address	District Number
City/Town, State, Zip	E-mail Address
60rham M2 04038	Lindatsanbornagmade
FILING DEADLINE	0

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 sources 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 l	by Another				
□ None. Check this box	if you did i	not have incom	ne from employm	nent by another.		
Name of Employer		Address		ype of Economic or Activity of Employer	Job Title	
Maine State Legislature	State He Augusta		Governn	nent	Legislator	
SA & Asia Mark manuoni in s	Screen year	n elaberami (io	per per	er in grammer is sor	eviscer smooth abolomise receive	
Part 2. Income from Self-						
None. Check this box i	f you did n	of have incom	e from self-empl	oyment.		
Name of Your Business/Trade	Name		Address	P	rincipal Type of Economic or Business Activity	
serving income of \$2.500 or the Include all income received	nty regres	Hoad for vivito	u azenizud to ome	acipal type of source	ist the name, address, and principles and principles decreased through employ	
Name of Client or Customer, if r (see instructions)	required	ekw esolani, a	Address		rincipal Type of Economic Business Activity of Client	
Part 3. Business Entities	asay 8000 asay 8000	org.odf to early	use officers the su	postu s a bostow n	ow. Usine's dependent daughte	
		va un impagadiat	o fossilv did not a		The second secon	
Name of Business	ir you and	your immediat	Address		re than 5% of any business. rincipal Type of Economic or Business Activity	
Big Nut Stor	rage	(30 S)	siller Rd an, ME	5e	If Storage	
	t or "tosten			e is a file of the property of	b & To emen stil stution see of	
Part 4. Income from the F	Practice o	f Law			Hallshirt Beautistoff	
None. Check this box	if you did r	not have incom	e from the pract	ice of law.		
Name of Practice or Firm	Address	Yo	our Major Areas of Practice	Firm's Major Are of Practice	Position: Partner, Associate, Sole Practitioner	
THE RESERVE				O emith	Para Santa	

Part 5. Income from Any Other So	urce			
None. Check this box if you did not have income from any other source.				
Name of Source	Address	Description of Income		
National Financial Services	51 Madison Ave, Rmzs1 New York, NY 10010	IRA		
Social Security	Suite 150 550 Forest Ave Portland, ME 04101	Benefit		
Maine Public Employees Rotiroment System	46 State House Station Augusta, UNE	Pension		
Part 6-A. Compensation Income of	f Immediate Family Members			
□ None. Check this box if no memle employment or compensation.	bers of your immediate family received i	ncome of \$2,000 or more from		
Name and Job Title (do not list name of dependent child		Principal Type of Economic or Business Activity of Employer		
Jefrey Sanborn President	Bic Nut Storage 170 Spiller Pd Gorham ME	Storage		
de fox inglistation in Marie.	nocios beascaro no espretrios lenistari el Por estrución de la cometrio de la cometa de La cometa de la cometa del la cometa del la cometa del la cometa de la cometa del la cometa de la cometa de la cometa del la cometa de la cometa del la come	The Made of the State of the Land MAX3		
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 i	ncome of \$2,000 or more from any		
Name of Spouse or Partner (do not list name of dependent child)		Type of Income		
Jeffrey Sanborn	Social Security Sinte 150 350 Forest Ave, Portland	Benefit		
Jefrey Sanborn	Now York Life Ins. Co Glareland SVC Center Do Box 6916 Crockeland, of 44101	Annuity		

Part 7. Loans				Annual Control of the Parket o
None. Check this box if you did not have reportable liabilities.				
Lender's Name	L	ender's Address		rincipal Type of Economic or Business Activity of Lender
MAIN.	Alex contact into level			\$250,000 man the Department of
SANTON CONTRACTOR OF THE STATE				
Part 8. Gifts, Including Travel and Accommodations				
None. Check this box if you did	d not receive any gifts	3.		
Source of Gift			Source	e of Gift
1. parmure has dilesed to meaning of est or	oled trella c prilitereta	2.	ser yearns	on a specific distribution of the control of the co
3.		4.		
Part 9. Honoraria				
None. Check this box if you did	not receive honoraria	а.		
Source of Honora	ria		Source of	f Honoraria
1.	pair (carried or discussion)	2.		una neuro se en vererar en executar altroduci.
3.	medicine of board -	4.		• Director • Partner • Partner • Trustee
Part 10. Positions in Political Acti	on, Ballot Question	or Party Commit	tees	
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.		G-900	elentis.	Commerce of commerce of the state of the sta
3.	0	ST. ASSOCI		STORES CHARLES INC.

Part 11. Conducting Business with State Agencies					
None. Check this box if neither you nor your immediate family did business with any State agency.					
Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Good or Services		
sen aggregate value of \$500 or less.	the balloc emboder and prime scruce		algniz s mail bevio	Caracter A	
a personal inendehip as long as that species.	e or from an individuar on the easts of a object or tubbles associate under Tele ().		Islan s mon bevisaat tiig A Co ol bevistagens ton er legitytiini		
sension on the housed remove the	on transported pecalage of the larger stores or trust possion and no			noener etxt exercic e to	
Part 12. Representing Others Before State Agencies					
None. Check this box if neither	you nor your immed	liate family represen	ted another before	a State agency.	
Name of Agency Name of Individual Receiving Compensation			Compensation		
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erance or speech. Honorarium does not incid to a payment fot an appearance or speech that is: the person's official capacity or duties.					
nileren Emited to, compensation for	er and dependent of including, but not	se or domestic name cson from any source	nciodes vent sucu monic gain to a per	income means eco	
Part 13. Positions in For-Profit an	nd Non-Profit Orga	nizations			
☐ None. Check this box if you and non-profit organizations.	members your imn	nediate family did no	t hold positions in a	any for-profit or	
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No	
Borham Saving Bank					
and Address Borham Saving Bank iot Main St J Borham ME 04038 Leavitts Mill Free Ho atth Center 04004	Corporator President	Holder	Legislator Self Spouse		
Borham Saving Bank cot Main St Borham ME 04038 Leavitts Mill Free Health Center 04004 63 Main St, Barmills ME Maine Ling Cancer Coalition 1144 Sure - Martiple Partners	Corporator President of the Board Advisory	Linda Sanborn Linda	Legislator Self Spouse Dependent Self Spouse	Yes/No	
and Address Borham Saving Bank iot Main St J Borham ME 04038 Leavitts Mill Free Health Center 04004 63 Main St, Barmills ME Maina Live Cancer Coalities	Corporator President of the Board Advisory Board Member	Holder Linda Sanborn Linda Sanborn Linda	Legislator Self Spouse Dependent Self Spouse Dependent Self Spouse Self Spouse	Yes/No No	
Borham Saving Bank cot Main St Borham ME 04038 Leavitts Mill Free Health Center 04004 63 Main St, Barmills ME Maine Ling Cancer Coalition 1144 Sure - Martiple Partners	Corporator President of the Board Advisory Board Member SIGN	Linda Sanborn Cinda Sanborn Linda Sanborn	Legislator Self Spouse Dependent Self Spouse Dependent Self Dependent Dependent Dependent	Yes/No No No	
Borham Saving Bank ist Main St 9 Borham ME 04038 Leavits Mill Free Health Center 04004 63 Main St, Barmills Me Maine Ling Cancer Coalities Unsure - Maitigle Partners uicleide Maine Health, Maine Ling etc.	Corporator President of the Board Advisory Board Member SIGN	Linda Sanborn Cinda Sanborn Linda Sanborn	Legislator Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent FMY KNOWLEDG	Yes/No No No	