

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the **Clerk of the House** or **Secretary of the Senate** by **5:00 p.m. on February 18, 2011**. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name	Justin Alford	Office:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address	134 Sheridan St.	District	8
City, zip code	Portland, ME 04101	Phone	828-0277

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.

None

Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine	3 State House Station Augusta, ME 04330	Government

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE

A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.

None

Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: Bayside Maine LLC Address: 477 Congress Street, Suite 1012 Portland, ME 04101	Development	
Name: Bowd Portland LLC Address: 58 Alder St. Portland, ME 04101	Business	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

B. List each source of income derived from self-employment or law practice that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	

PART 3. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.

None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: JKR LLC Address: c/o Dexter Enterprise, 2 Monument Sq. Portland, ME 04101	Shares of Partnership Income
Name: BNY Mellon Wealth Management Address: 201 Washington St. Boston, MA 02108	Investment
Name: Mellon Trust of New England Address: 500 Ross St, Suite 650 Pittsburgh, PA 15262-001	Interest

PART 4. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

PART 5. REPORTABLE GIFTS

List the specific source of gifts received during the reporting period with an aggregate value of more than \$300. If none, check the box.

None

Name of Source of Gift	Name of Source of Gift
1. Progressive State Network Conference	3.
2.	4.

PART 6. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches. If none, check the box.

None

Name of Source of Honoraria		Name of Source of Honoraria	
1.		3.	
2.		4.	

PART 7. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None

Name of Agency		Name of Agency	
1.		3.	
2.		4.	

PART 8. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.

None

Name of Agency		Name of Agency	
1.		3.	
2.		4.	

PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received income of \$1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name:	1.	1.
Job Title:	2.	2.
	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

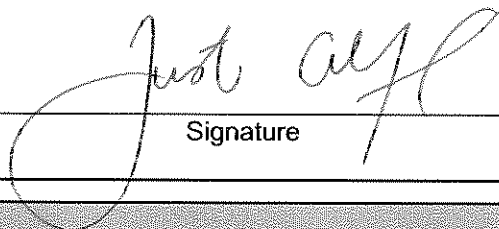
None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
William & Joan Alfond Foundation 2 Monument Sq. Portland, ME 04101	Member	Justin Alfond	Justin Alfond	NO
Maine Initiatives 295 Water Street #100 Augusta, ME 04333	Board Member	Justin Alfond	Justin Alfond	NO
Opportunity Maine 237 Oxford Street, Suite 22 Portland, ME 04101	Board Member	Justin Alfond	Justin Alfond	NO

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)


Signature

Feb 17, 2011
Date

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.

Part/Section Number					
Part 11	Kennebec Valley Community College 92 Western Avenue Fairfield, ME 04937	Trustee	Justin Alfond	Justin Alfond	NO
	Augusta Housing 307 Cumberland Ave. Portland, ME 04101	Board Member	Justin Alfond	Justin Alfond	NO
	Hour Exchange 470 Forest Avenue Portland, ME	Board Member	Rachael Alfond	Rachael Alfond	NO

Justin Alford

Sources of Income

Feb 17, 2011

- | | | |
|--|--|------------------------------------|
| 4. Purchase Investors LLC | c/o A. VZZO
287 Bowman Ave.
Purchase, NY 10577 | Shares of
Partnership
Income |
| 5. Ellen Loring Trust
· FBO Justin Alford | A. VZZO Trust
287 Bowman Ave.
Purchase, NY 10577 | Investments |
| 6. Plan B, LLC | 1 Montegan Sun Blvd 116
Uncasville, CT 06382 | Shares of
Partnership
Income |
| 7. Shark Foods of America LLC | 149 Alewife Brook Parkway
Cambridge, MA 02140 | Shares of
Partnership
Income |
| 8. Sheridan St. LLC | c/o of Dexter Enterprise
2 Monument Sq.
Portland, ME 04101 | Shares of
Partnership
Income |
| 9. Dexter Enterprise, Inc. | 2 Monument Sq.
Portland, ME 04101 | Investment
Commission Rebate |

Justin Alfred

Officer/Director Positions

Feb 17, 2011

Part II	Portland Trails	Board Member	Rachael	Rachael	NO
	305 Commercial St.		Alfred	Alfred	
	Portland, ME 04101				

	Jewish Community Alliance	Board	Rachael	Rachael	NO
	57 Ashmont St.	Member	Alfred	Alfred	
	Portland, ME 04103				