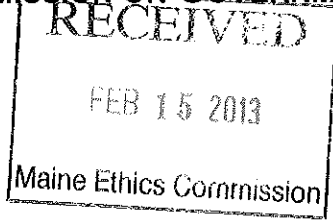




COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES



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

2012 Calendar Year: January 1, 2012 - December 31, 2012

Check here if this statement is an update or amendment of a previously filed statement.

Form with fields for Name (SHARON ANGLIN TREAT), Office (House checked), Mailing Address (22 PAGE ST.), District Number (79), City/Town, State, Zip (HALLOWELL ME 04347), and E-mail Address (satreat@gmail.com).

FILING DEADLINES

CURRENT LEGISLATORS: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

LEGISLATORS LEAVING OFFICE: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

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.
Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report.
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.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

Part 1. Income from Employment by Another None. Check this box if you did not have income from employment by another.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title

Part 2. Income from Self-Employment None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
Law office of Sharon Anglin Treat	22 Page St. Hallowell ME 04347	legal, consulting
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client
National Legislative Assoc. on Prescription Drug Prices	PO Box 492 Hallowell ME 04347	public policy nonprofit
Georgetown University	3700 O. St. NW Washington DC	higher education + research

Part 3. Revenue of Business Entities None. Check this box if you and your immediate family did not have a majority share in a business.

Name of Business	Address	Principal Type of Economic or Business Activity

Part 4. Income from the Practice of Law None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
Law Office of Sharon Anglin Treat	22 Page St. Hallowell, ME	consulting trade, health environment		Sole practitioner

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	Type of Income

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 (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
Robert Collins Warehouse	L.V. Bean Freeport, ME	retail + wholesale
Robert Collins greenhouse	Long Fellows Manchester, ME	retail + wholesale

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 (do not list name of dependent child)	Source of Income Name and Address	Type of Income

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. Milbank Memorial Fund - Scholarship to attend conference	2. Union for the Public Domain - Travel scholarship to attend meeting
3. Georgetown University Medical School - scholarship to conference	4. Progressive States Network - Travel scholarship to attend meeting

** see attached additional list at end***Part 9. Honoraria** None. Check this box if you did not received honoraria.

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

Part 10. Positions in Political Action or Ballot Question Committees None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.

Name of Committee	Title
1. Trent Leadership Fund	Officer + decision-maker
2.	

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 Selling Goods or Services	Description of Good or Services

Part 12. Representing Others Before State Agencies

None. Check this box if neither you nor your immediate family represented another before a State agency.

Name of Agency	Name of Individual Receiving Compensation

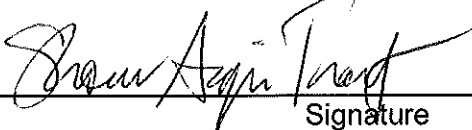
Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
National Legislative Association on Prescription Drug Prices	Executive Director	Sharon Treat	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	yes
Trustee, Hubbard Free Library	Trustee	Sharon Treat	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	no
Maine Equal Justice Partners	Board member	Sharon Treat	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	no

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWELDGE IT IS TRUE, CORRECT, AND COMPLETE.


Signature

2/14/13
Date

ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.

Part Number	
8	AFH-CID, travel scholarship to attend meeting
8	Legacy Foundation, travel scholarship to present at meeting
13	Trust Family Trust, ^{PO Box 35, Putney VT 05346} trustee, unpaid, land trust, Cape Breton, NS, CA