

R COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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APR 14 2014

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.				
	Job Title perotions Major			
Department Department of Public Solity, Maine State Police	Phone (work) 207-424-7203			
Mailing Address (work) 45 Commerce Davie, Suite # Augusto, ME 04333-0042	E-mail Address (work) GARY. W. WRIGHTO MAINE GAV			

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.

Part 1. Income from Em								
None. Check this box	if you did no	ot have i	ncome fror	n employm	ent by a	nother.		
Name of Employer		Address				onomic or Employer		Job Title
			: :					
					÷			•
Part 2. Income from Self	-Employm	ent						
∠ None. Check this box i	f you did no	ot have i	ncome from	n self-empl	oyment.			
Name of Your Business/Trade	e Name	The state of the s	Add	COSS		Principle of the second	ncipal Type or Busines	of Economic s Activity
	- CONTRACTOR AND							
Name of Client or Customer, if re instructions)	quired (see		Addi	ess		Pri or I	ncipal Type Business Ac	of Economic tivity of Client
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	ANN materials							
Part 3. Business Entities						The second of th		
∠ ✓ None. Check this box i	7,	our imm	odiata fami	ly did not o	wn or oo	ntral mara	than 5%	of any business
Name of Business	you and you	OUI IIIIIII	ediate fami		WIT OF CO			of Economic
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Part 4. Income from the	Practice of	Law			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
✓ None. Check this box if	you did not	l have in	come from	the practic	e of law.			
Name of Practice or Firm	Address		Your Majo Pra	r Areas of ctice	Firm's	Major Areas Practice	of	Position: Partner, Associate, Sole Practitioner
	And the second s			The second secon		The control of the co	# #### *******************************	
					 			

Part 5. Income from Any Other Sou	Irce			
如 None. Check this box if you did not have income from any other source.				
Name of Source	Address	Description of Income		
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		, wa		

Part 6-A. Compensation Income of Im ☐ None. Check this box if no members employment or compensation.		ome of \$2,000 or more from
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
Kim W. Wright, UP of Finance	Bor Hollon Bonk & Taust 227 Workers SV. Rugusvo, Mr 04330	Boik
Dependent, office assistant	Ke/laj Finvices 49 Community De #2 Augusto, Mr 04330	Temporory Employment Age
Dependent, Coborge	During avern, Augusta, ME 04330	Ica Curam Business

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.	2.
3.	4.
	·

Part 9. Honoraria	
None. Check this box if you did not received honoraria	
Source of Honoraria	Source of Honoraria
1	2.
3.	4.

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Part 10.∋Positions in Political Act	ion, Ballot Question or Party Commit	lees		
M 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		
l .				
2.				
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Part 11. Conducting Business wit	h State Agencie	S			
None. Check this box if neither yo	u nor your immed	liate family did busine	ss with any State a	gency.	
Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Good or Services		
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■ Part 12. Representing Others Before Mone. Check this box if neither you			ed another before a	State agency.	
Name of Agency			lividual Receiving 0		
	The second secon	The second secon			
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Part 13 Positions in For-Profit and	d Non-Profit Org	anizations	1		
☑ None. Check this box if you and m profit organizations.	embers your imn	nediate family did not	hold positions in ar	ny for-profit or non-	
Organization/Business and Address	Title	Name of Position- Holder	Relationship to executive branch employee	Compensated Yes/No	
			☐ Self ☐ Spouse ☐ Dependent		
			☐ Self ☐ Spouse ☐ Dependent	-	
· ·			☐ Self ☐ Spouse ☐ Dependent	·	
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I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.			F MY KNOWLEDG	SE IT IS TRUE,	
Jan Will			<u> 4/1/</u>	1) of	
Signature	NO OE A EALGE STAT	EMENT IS A CLASS E CRIMI		ate	