

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

FEB 15 2013

Maine Ethics Commission

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 i	update or amendment of a previously file	ed statement.

Name	Office
Eleanor Espling	House ☐ Senate
Mailing Address	District Number
12 Lewiston Rd	105
City/Town, State, Zip	E-mail Address
New bloucester, ME 04260	espling 2 @ Securespeed

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. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- 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 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 Activity Address Principal Type of Economic Activity Address Principal Type of Economic Activity of Client or Customer, if required (see instructions) Part 3. Revenue of Business Entities Name of Business Address Principal Type of Economic Activity of Client or Customer, if required (see instructions) Part 4. Income from the Practice of Law None. Check this box if you and your immediate family did not have a majority share in a busines Address Principal Type of Economic 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 Practice Practice Practice Practice Practice Practice	have income from ampleyment by another	have income from a	hov if you did n	None Check this
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চু-None. Check this box if you did not I	nave income from any other source.	
Name of Source	Address	Type of Income
Part 6-A. Compensation Income of Ir ☐ None. Check this box if no members		acome of \$2,000 or more from
employment or compensation.	or your miniodiate lanney received in	icome of \$2,000 of more from
Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic of Business Activity of Employer
Stephen Espling Minister	Christian Missionary Alliance Church, Portla First Evangelical Free	ind, ME church
	First Evangelical Free Church of M Westlow	E, XX,ME
Part 6-B. Other Sources of Income of		
None. Check this box if no members 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 repo	ortable liabilities.	•	
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender	
		,	
	·		
Part 8. Gifts, Including Travel and Accommod	dations		
☐ None. Check this box if you did not received a	ny gifts.		
Source of Gift	···	ource of Gift	
1. State Legislative Leaders Found	lction 2.		
3.	4.		
Part 9. Honoraria None. Check this box if you did not received ho	onoraria.		
Source of Honoraria		ce 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 treasure	er, officer, decision-maker, or fu	ndraiser of a PAC or BQC.	
Name of Committee		Title	
1. She Leads PAC	Fundraiser		
2.			

State Agencies			
None. Check this box if neither you nor your immediate family did business with any State agency.			
Name of Individual Selling Goods or Services	Description of Good or Services		
	or your immediate family did busines Name of Individual		

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 Compensa			

☐ None. Check this box if you and r profit organizations.	nembers your imme	ediate family did not l	nold positions in an	y for-profit or non-
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
First Fruits Ministries	Board member	steve Espling	□ Self Bouse □ Dependent	No
New Gloucester Little Langue	5eovetary	stere Esplina	□ Self ⊮Spouse □ Dependent	NO
			□ Self □ Spouse □ Dependent	

SIGNATURE

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

Signature /

2-4-13 Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))