

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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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

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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.

Name Scott Hamann	Office
Mailing Address 60 Thornfon Are	District Number
City/Town, State, Zip S. Portland, ME 04106	E-mail Address Scott @ Scotthumann.com

FILING DEADLINES

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

<u>LEGISLATORS LEAVING OFFICE</u>: 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 1. Income from Employment	by Anoth	ner					
None. Check this box if you did	not have i	ncome from	employme	nt by an	other.		
Name of Employer	Address		Principal Type Business Ac				Job Title
,							
Part 2. Income from Self-Employ	ment						
☐ None. Check this box if you did	not have i	ncome from	self-emplo	yment.			
Name of Your Business/Trade Name		Addre			Principal		f Economic or Business Activity
Harbor Light Films	5. P.	Thornton artland, i	Ave ME 0410	6	Marko d V	eting ideo	lonsulting Production
Name of Client or Customer, if required (see instructions)		Addre	ss		Principal		f Economic or Business
						.,,,	
Part 3. Revenue of Business Enti	ties						
☑ None. Check this box if you and	your imm	ediate family	did not ha	ave a ma	ajority sha	re in a	business.
Name of Business		Addre	3 S		Principal		f Economic or Business Activity
Part 4. Income from the Practice Mone. Check this box if you did r	of Law	is it is to be a second		e of law.			
Name of Practice or Firm Addres	· · · · · · · · · · · · · · · · · · ·	Your Major Practi	Areas of	Firm's	Major Areas Practice	s of	Position: Partner, Associate, Sole Practitioner

Part 5. Income from Any Other Sou	rce Market Control	
► 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 membe employment or compensation.	rs of your immediate family received inc	come 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
Part 6-B. Other Sources of Income	of Immediate Family Members	
☐ None. Check this box if no member other source.	s of your immediate family received inc	ome of \$2,000 or more from any
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
charlotte Stuart	State of Maine-Milts 221 State St Augusta, ME 04333	Reimburgement for Cosfer Care-stipend

☑ None. Check this box if you did not have re	portable liabilities.	
Lender's Name	Lender's Address	Principal Type of Economic of Business Activity of Lender
th Name. Charly this have if you did not received	any gifts.	, , , , , , , , , , , , , , , , , , ,
Source of Gift	***	ource of Gift
Source of Gift	***	ource of Gift
 ✓ None. Check this box if you did not received Source of Gift 1. 3. 	Sc	ource of Gift
Source of Gift 1.	2.	ource of Gift

Mone. 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.					
1.	, .				
2.					

Part 11. Conducting Business wit	h State Agencies			
☐ None. Check this box if neither you	u nor your immedia	ate family did busines	ss with any State a	gency.
Name of Agency	Selling Goo	f Individual ds or Services	Description of	Good or Services
Alministrative office of the Courty - Family Nivision	Scott Hama	n	Vikes editing	<i>;</i>
Part 12. Representing Others Befo	ore State Agencie	S		
None. Check this box if neither you	u nor your immedi	ate family represente	d another before a	State agency.
Name of Agency		Name of Ind	ividual Receiving (Compensation
Part 13. Positions in For-Profit and ☑ None. Check this box if you and m profit organizations. Organization/Business and Address			nold positions in ar Relationship to Legislator □ Self □ Spouse □ Dependent	ny for-profit or non- Compensated Yes/No
			□ Self □ Spouse □ Dependent	
			□ Self □ Spouse □ Dependent	
	SIGN	ATURE		<u>.</u>
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT AN	ND TO THE BEST O	F MY KNOWELDO	BE IT IS TRUE,
Most			2/19	(13
Signature			D	ate
THE INTENTIONAL FILING	OF A FALSE STATEME	ENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(E	3))

Scott Hamann PART 2 (attachment) INCOME DERIVED FROM SELF-EMPLOYMENT

Name of Source	Address	Economic Activity
Mercy Hospital	144 State St Portland, ME 04101	Medical care
Mr Signs	494 Forest Ave Portland, ME 04101	Commercial sign production
Dancemakers	456 Roosevelt Tr Windham, ME 04062	Dance instruction
Strategic Economic Decisions	P.O. Box 2054, Scottsdale, AZ 85252-2054	Economic research
Add Verb Productions	716 Stevens Avenue Portland, ME 04103	Educational theatre production