COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

RECEIVED

JAN 22 2013

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

Maine Ethics Commission 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	Office
Michel A. Lajoie	⊠ House ☐ Senate
Mailing Address	District Number
279 Old Greene Rd	71
City/Town, State, Zip	E-mail Address
Lewiston, Maine 04240	lagoie I@ mishmaine : 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	n Employment	by Another					
None. Check this	box if you did r	ot have income fror	n employment by	another.			
Name of Employer		Address	Principal Type of Business Activity		Job Title		
naine State House Opersentatives	2 stok Augu	House Station eta, Me			Operentative		
Part 2. Income from	ı Self-Employn	nent					
None. Check this	box if you did n	ot have income fror	n self-employme	nt.			
Name of Your Business	/Trade Name	Add	ress	Principa	Il Type of Economic or Business Activity		
Name of Client or Customer, if required (see instructions)		Address		Principa	Principal Type of Economic or Business Activity of Client		
			: '				
		en en troppe te en troppe					
Part 3. Revenue of I	Business Entit	ies					
▼ None. Check this	box if you and y	our immediate fami	ly did not have a	majority sha	re in a business.		
Name of Busin	1088	Addı	ess	Principa	l Type of Economic or Business Activity		
		gangoli pakelori Akabaka akabaka bila Markagi pa					
Part 4. Income from	the Practice o	f Law					
对 None. Check this b	oox if you did no	ot have income from	the practice of la	aw.			
Name of Practice or Firm	Address		r Areas of Firetice	m's Major Area Practice	s of Position: Partner, Associate, Sole Practitioner		

Part 5. Income from Any Other So	urce	
☐ None. Check this box if you did no	ot have income from any other source	Э.
Name of Source	Address	Type of Income
Maine Public Employees' Eterement System	46 State House Station augusta, Maine	Cenier
Locial Security	Feel Yur.	Pension
		<u>.</u>

mediate Family Members	
of your immediate family received inco	me of \$2,000 or more from
Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
Maine Rubbe Employeus' Betermont System 46 State House Station aug. Me	Pension
	Pensione
	of your immediate family received inco

☑ 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.					
	ortable liabilities.				

Part 8. Gifts, Including Travel and Accommodations					
🛛 None. Check this box if you did not received any gifts.					
: :	Source of Gift	S	Source of Gift		
1.		2.			
3.		4.			

Part 9. Honoraria				
Source of Honoraria				
2.				
4.				

Part 10.	Positions in Political Action or Ballot Questi	ioi	n 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.					•	
2.						

Part 11. Conducting Business wit	h State Agencies				
☑ None. Check this box if neither you	u nor your immedia	te family did busines	s with any State a	gency.	
Name of Agency		Individual ds or Services	Description of Good or Service		
Part 12. Representing Others Befo	ore State Agencie	S			
🕱 None. Check this box if neither yo	u nor your immedia	ate family represente	d another before a	State agency.	
Name of Agency		Name of Ind	vidual Receiving C	compensation	
		1			
Part 13. Positions in For-Profit and	d Non-Profit Orga	nizations	ev en		
□ None. Check this box if you and m profit organizations.	nembers your imme	ediate family did not h	nold positions in an	y for-profit or non-	
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No	
Javiston Munipal Had Circlet Ymein Pine St Lewitol. Maire 04240	, Director	ruche Soprie	≰ Self □ Spouse □ Dependent	NO	
Maine Toming Feebral Crolit Youin 555 Sobattus St. Lewestor, We, 04240	Airctor	Eta Trijoie	□ Self Spouse □ Dependent	NO	
Knights of Columbus	Truste	morel Japin	⊮Self □ Spouse □ Dependent	NO	

SIGNATURE I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWELDGE IT IS TRUE, CORRECT, AND COMPLETE. | Mix | Labore | 1-15-13 | | Signature | Date

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