

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

RECEIVED FEB 15 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

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 Christine Powers	Office
Mailing Address IN Thompsons Pt Rd	District Number
City/Town, State, Zip Naples ME 04053	E-mail Address Chowers @ Me, 10m

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 1. Income from	Employment	by Another		Addi Adiri	
□ None. Check this	box if you did n	ot have income fron	n employment by a	nother.	
Name of Employer		Address	Principal Type of Ed Business Activity of		Job Title
Naples Public Lebrary POBOX 1717 Naples		Library /pon patet		Director	
Tour of Nagles Neples ME			Library pon part Directar John business Selectman Selectman		Director Se lectorar
Part 2. Income from	Self-Employn	ent .			
☐ None. Check this	box if you did n	ot have income fron	n self-employment		
Name of Your Business.	/Trade Name	Addı	ress	Principal	Type of Economic or Business Activity
The MacSmit	Leman-	Stepkins Ave	Rytland	/099 Conpx	i Incor-1 er Consolfing
Name of Client or Customer instructions		Addı	ress	Principal	Type of Economic or Business Activity of Client
Part 3. Revenue of E					
None. Check this				- 	
Name of Busin	ess	Addı	ress	Principal	Type of Economic or Business Activity
Part 4. Income from	the Practice o	f Law			
None. Check this be Name of Practice or Firm	oox if you did no Address	Your Majo		v. 's Major Areas Practice	of Position: Partner, Associate, Sole Practitioner

☐ None. Check this box if you did no	ot have income from any other source.	
Name of Source	Address	Type of Income
Pekr J. Powers	Camp O-AT-KA Portland RD Sebejo ME	payments toward mortgay divorce agreement
Marielle Jackson	200 Thampsons Pt Rd Naples ME	Motal agreement

None. Check this box if no members employment or compensation.	of your immediate family received inco	me 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 members other source.	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	

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		

	ts.
Source of Gift	Source of Gift
1.	2.
0	4.

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

Part 10.					
☐ None.	Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.				
1 4 4 1 5 5 5 3 1	Name of Committee		Title		
1,	· · · · · · · · · · · · · · · · · · ·				
2.					

Part 11. Conducting Business wi	th State Agencies			
None. Check this box if neither yo	ou nor your immedia	ate family did busine	ss with any State a	gency.
Name of Agency	■	f Individual ds or Services	Description of	Good or Services
Part 12. Representing Others Bef	ore State Agencie			
None. Check this box if neither you	ou nor your immedia	ate family represente	d another before a	State agency.
Name of Agency		Name of Ind	ividual Receiving C	Compensation
Part 13. Positions in For-Profit an □ None. Check this box if you and no profit organizations. Organization/Business and Address			nold positions in ar Relationship to Legislator	y for-profit or non- Compensated Yes/No
Nuples Public bibean	director	Christine Powers	ங Self □ Spouse □ Dependent	yes
			□ Self □ Spouse □ Dependent	
			□ Self □ Spouse □ Dependent	
	SIGN	ATURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE. Signature THE INTENTIONAL FILING	Market State Language Antonio Anno Anno Anno Anno Anno Anno Anno	ND TO THE BEST O	<u>2/14</u>	1//3 ate