

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 Hexander Willette	Office ☐ Senate
Mailing Address 106 Houson Lake Kd	District Number
City/Town, State, Zip	E-mail Address
Malleton ME 04757	Alexander, Wille He @ Gmail. Co.

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 Ano	ther					
☐ None. Check this	box if you did i	not have	income fror	n employm	ent by a	nother.	100	
Name of Employer		Addres		Principal T Business	ype of Ec	onomic or	Y	ob Title
Colgan Air	Airpo	rd D	· Prespectsk	Aiclin	e_		Custone	- Scruice
Colgan Air Maire Legis	later Z SI	us A	nguista me	Gov	ernurin		State	Scrvice Representlin
Part 2. Income from	Self-Employn	nent						
☐ None. Check this	box if you did r	not have	income fron	n self-empl	oyment.			
Name of Your Business	/Trade Name		Addı	ess		Principa	l Type of Econo Activity	omic or Business
Big Basi fall	Csl-le Co	M.	ain S	d Presi	gu tde	Ren	llor	
Name of Client or Custome instructions			Addr	ess		Principal	Type of Econo	omic or Business Client
· ·			· · · · · · · · · · · · · · · · · · ·				Addivity of C	, , , , , , , , , , , , , , , , , , ,
	· · · · · · · · · · · · · · · · · · ·			**************************************				
Part 3. Revenue of E	Business Entit	ies						
None. Check this I	oox if you and y	our imm	nediate famil	y did not ha	ave a m	ajority sha	re in a busin	ess.
Name of Busin	ess		Addre	PSS V		Principal	Type of Econo Activity	mic or Business
								101
Part 4. Income from	the Practice o	f Law						
None. Check this b	ox if you did no	t have ir	ncome from	he practice	e of law.			
Name of Practice or Firm	Address		Your Major Pract			Major Areas Practice	As	sition: Partner, sociate, Sole Practitioner
]						

Part 5. Income from Any Other Source None. Check this box if you did not have income from any other source.				
	Address	Type of Income		
		: -		

Part 6-A. Compensation Income of Im	mediate Family Members	
☐ 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
Melissa Willette, Legislature Aide	House Republican Office 2 S.H.S. Angust MG aggs	Government
Melissa Willett, Royister of Deeds	Registry as Ducks South ZG Court St Honton ME 04730	Covernment

mmediate Family Members	
f your immediate family received inc	come of \$2,000 or more from any
Source of Income Name and Address	Type of Income
COURT AND ADDRESS OF THE ADDRESS OF	
•	f your immediate family received ind

Part 7. Loans	
None. Check this box if you did not have reporta	able liabilities.
Lender's Name	Lender's Address Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Including Travel and Accommodat	lons
☐ None. Check this box if you did not received any	gifts.
Source of Gift	Source of Gift
1. Connol of Slate Government	2 .
3.	4.
Part 9. Honoraria None. Check this box if you did not received hono	raria.
Source of Honoraria	Source of Honoraria
1.	2.
3.	4.
Part 10. Positions in Political Action or Ballot Que	estion 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. Republican Majority Fun	1 Principal decision-Maker
2. Charling Maires Sutine	Principal decision - maker

None. Check this box if neither you	u nor your immedia	te family did busines	ss with any State a	gency.
Name of Agency		Individual ds or Services	Description of (Good or Services
·			*************	:
		, , ,		
Part 12. Representing Others Befo	ore State Agencie	3	Addition to the second	
None. Check this box if neither yo	u nor your immedia	te family represente	ed another before a	State agency.
Name of Agency		Name of Ind	ividual Receiving C	Compensation
Part 13. Positions in For-Profit and None. Check this box if you and more profit organizations. Organization/Business and Address			Relationship to Legislator Self Spouse	y for-profit or non- Compensated Yes/No
None. Check this box if you and m profit organizations. Organization/Business	nembers your imme	diate family did not Name of Position	Relationship to Legislator	Compensated
None. Check this box if you and m profit organizations. Organization/Business	nembers your imme	diate family did not Name of Position	Relationship to Legislator Self Spouse Dependent Self Spouse	Compensated
None. Check this box if you and m profit organizations. Organization/Business	nembers your imme	diate family did not Name of Position	Relationship to Legislator Self Spouse Dependent Self Spouse Dependent Self Spouse Self Spouse	Compensated