# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES



FEB 1 5 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 update or amendment of a previously filed statement.

EDWARD M. YOUNGBLOOD	Office
Mailing Address 735 NORTH MAIN ST.	District Number
City/Town, State, Zip  BREWER, ME 04412	edmyoung blood@gmail.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 And	other					
➢ None. Check this	box if you did n	ot have	e income fron	n employm	nent by a	nother.		**************************************
Name of Employer		Addres	\$ <b>\$</b>	Principal Business	Type of Ec Activity of	onomic or Employer		Job Title
Part 2. Income from	Self-Employn	nent						
None. Check this k	oox if you did n	ot have	income fron	n self-empi	oyment.			
Name of Your Business/			Addı			T		Economic or Business ctivity
					Ning Man			
Name of Client or Customer, instructions)			Addr	ess		Principal	Type of E	Economic or Business of Client
					·			·.
31-,						M	····	
Part 3. Revenue of B								
None. Check this b		our imn	nediate famil	y did not h	ave a ma	ajority shai	re in a b	usiness.
Name of Busine	SS		Addre	886		Principal		conomic or Business tivity
		Works						- World
Part 4. Income from t	he Practice of	Law						
None. Check this bo	x if you did not	have i	ncome from	the practic	e of law.			
Name of Practice or Firm	Address		Your Major Pract			Major Areas Practice	of	Position: Partner, Associate, Sole Practitioner

□ None. Check this box if you did not have income from any other source.			
Name of Source	Address	Type of Income	
U.S. GOVERNMENT		SOCIAL SECURITY	

☐ 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
MARGARET YOUNG BLOOD OFFICE SEC	INSURE SOURCE	HEBLTH INSURBACE

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
MARGARETYOUNGBLOW	U.S. GOVERNMENT	SOCIAL SECURITY
V		

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		
		- made et		

Part 8. Gifts, Including Travel and Accommodations  ☑ None. Check this box if you did not received any gifts.				
1.	2.			
3.	4.			

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

Part 10. Positio	ns 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.					
	Name of Committee		Title		
1.					
2.					

Part 11. Conducting Business with State Agencies  None. Check this box if neither you nor your immediate family did business with any State agency.				

Part 12. Representing Others Before State A	gencies
☑ None. Check this box if neither you nor your ir	mmediate family represented another before a State agency.
Name of Agency	Name of Individual Receiving Compensation

Part 13. Positions in For-Profit an	d Non-Profit Orga	nizations		
☐ None. Check this box if you and n profit organizations.	nembers your imme	ediate family did not	hold positions in an	y for-profit or non-
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
Phillip Stuckland	Director	Edward, Jounghord	☑ Self □ Spouse □ Dependent	NO
Roxadin Cong Boy Scouls & America	Director	Edward J Honglos	□ Self □ Spouse □ Dependent	NO.
• • • • • • • • • • • • • • • • • • • •		( <i> </i>		

## **SIGNATURE**

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

Signature

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

Dafe

□ Self□ Spouse□ Dependent