### COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES



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Update

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#### STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

2011 Calendar Year: January 1, 2011 - December 31, 2011

Please file this statement with the <u>Maine Ethics Commission</u> by **5:00 p.m. on April 13, 2012**. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

# **Reporting Deadlines**

- This personal financial disclosure statement must be filed annually by the Governor, constitutional
  officers, State Auditor, all state employees in major policy-influencing positions (other than assistant
  attorneys general), and any other executive branch employee who is appointed by the Governor and
  confirmed by the Legislature.
- The statement must be filed by the close of the second week of April and covers the preceding calendar year (the reporting year).
- No statement is required in April if the executive employee has already filed a statement covering the
  preceding year as an initial report. (Employees appointed by the Governor must file an initial report
  before confirmation by the Legislature, and the Governor, constitutional officers, and State Auditor
  must file an initial report within 30 days of his or her election.)
- If there is a substantial change in the sources of your income or positions during the current calendar year, file an "update statement" for the current year within 30 days of the substantial change.

#### **General Instructions**

Annual

Complete all sections. If a section is not applicable, check the box marked "None."

Initial

- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.

#### REPORT TYPE

| EXECUTIV        | E EMPLOYEE INFORMATION |  |
|-----------------|------------------------|--|
| Name            | Job Title              |  |
|                 |                        |  |
| Department      | Phone (Work)           |  |
|                 |                        |  |
| Mailing Address |                        |  |
|                 |                        |  |
| Email Address   |                        |  |

### **INSTRUCTIONS: Part 1. Income from Employment by Another**

If you are an employee of any public or private organization (other than the office or department you listed on the previous page) and you received compensation during the reporting year of \$1,000 or more, list your job title, and the name, address, and principal type of economic or business activity of the employer. Disclose both full-time and part-time employment. Do not include information about self-employment or the practice of law in this section.

**EXAMPLE:** Jane is currently serving as Director of the Maine State Archives. She is also employed by Pine Tree Counseling Services as a counselor and earns more than \$1,000 per year.

| Name of Employer              | Address                                   | Principal Type of Economic or<br>Business Activity of Employer | Job Title |
|-------------------------------|---|--|-----------|
| Pine Tree Counseling Services | 201 Main Street, Pine Tree City,<br>Maine | Counseling Services  | Counselor |

### **INSTRUCTIONS: Part 2. Income from Self-Employment**

If you provided services to others as an independent contractor during the reporting year, list the name, address, and principal type of economic activity of your business. If your business does not have a name, list the name under which you trade when providing goods and/or services. If any client or customer paid you more than \$1,000 during the calendar year and that income amounted to more than 10% of your gross income from self-employment during the year, list the name, address, and principal type of economic or business activity of the client or customer. If this type of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic or business activity of the client or customer.

**EXAMPLE:** John Smith supplies rough cut timber. Last year his business grossed \$30,000. Robert Thompson bought four orders of lumber at \$1,000 per order—\$4,000 in total. Jane Hill bought \$2,000 worth of lumber. Because John Smith made \$30,000 during the reporting period, he must only report those clients who represent more than 10%, or \$3,000, of his income from self-employment.

| Name of Your Business/Trade name                            | Address of Business                    | Principal Type of Economic or Business Activity           |
|---|--|---|
| John Smith  | 123 Main Street, Pine Tree City, Maine | Rough Cut Timber Milling                                  |
| Name of Customer or Client, if required (see instructions). | Address                                | Principal Type of Economic or Business Activity of Client |
| Robert Thompson   | 456 Main Street, Pine Tree City, Maine | Carpenter   |

#### INSTRUCTIONS: Part 3. Income from the Practice of Law

List the name, address, and major areas of practice for all sources of income of \$1,000 or more derived from the practice of law. If you are a member of a firm, partnership, or limited liability company, list the major areas of practice for that entity. In addition, state whether you are a sole practitioner, partner, associate, or shareholder.

**EXAMPLE:** John Smith is a sole practitioner. His construction law practice earned more than \$1,000 in the reporting year.

| Name of Firm or Practice        | Address                                  | Your Major Areas of Practice | Firm's Major Areas of Practice | Position: Partner, Associate,<br>Sole Practitioner |
|---------------------------------|--|------------------------------|--------------------------------|--|
| The Law Office of John<br>Smith | 789 Elm Street, Pine Tree<br>City, Maine | Construction Law             | N/A                            | Sole Practitioner                                  |

| Part 1. Income from Emp   | loyment by Another          |   |           |
|---------------------------|-----------------------------|---|-----------|
| □ None. Check this box if | you do not have income from | employment by another.                                      |           |
| Name of Employer          | Address                     | Principal Type of Economic or Business Activity of Employer | Job Title |
|                           |                             |   |           |
|                           |                             |   |           |

| Part 2. Income from Self-Employm                           | nent                                |  |
|--|-------------------------------------|--|
| □ None. Check this box if you do no                        | t have income from self-employment. |  |
| Name of Your Business/Trade Name                           | Address                             | Principal Type of Economic or<br>Business Activity           |
|  |                                     |  |
| Name of Client or Customer, if required (see instructions) | Address                             | Principal Type of Economic or<br>Business Activity of Client |
|  |                                     |  |
|  |                                     |  |
|  |                                     |  |

| Part 3. Income from      | the Practice of Law      |                                 |                                   |   |
|--------------------------|--------------------------|---------------------------------|-----------------------------------|---|
| □ None. Check this b     | ox if you do not have in | come from the practice          | of law.                           |   |
| Name of Practice or Firm | Address                  | Your Major Areas of<br>Practice | Firm's Major Areas of<br>Practice | Position: Partner,<br>Associate, Sole<br>Practitioner |
|                          |                          |                                 |                                   |   |
|                          |                          |                                 |                                   |   |

#### **INSTRUCTIONS: Part 4. Income from Any Other Source**

Include in this section any source of income of \$1,000 or more not listed in Parts 1, 2, or 3 which you received during the reporting year, such as investments, sales or property, or retirement benefits. Please see the glossary for examples of income that must be reported. Include income received "in-kind" as well as regular income.

Income does not include alimony or similar support payments, or gifts or honoraria.

**Do not** include income received by immediate family members. Report immediate family members' income in parts 5A & 5B.

**EXAMPLE:** Jane has investments in a mutual fund with Global Investment, LLC. The mutual fund pays quarterly dividends to Jane that added up to more than \$1,000 over the course of the reporting year. In addition, Jane receives a monthly pension payment from her prior job as a school teacher.

| Name of Source                            | Address                                | Type of Income |
|---|--|----------------|
| Global Investment, LLC                    | One Copley Plaza, Boston, MA           | Mutual fund    |
| Maine Public Employees' Retirement System | 46 State House Station, Augusta, Maine | Pension        |

### **INSTRUCTIONS: Part 5-A. Compensation Income of Immediate Family Members**

List the name, address, and principal type of economic or business activity for each entity representing income of \$1,000 or more *derived through employment or compensation* by any member of your immediate family. Include all income received through employment by another, self-employment, or the practice of law.

Include the job title **and** name of the **spouse or domestic partner** receiving income. Include the job title of the dependent child receiving income, but **do not** include the dependent child's name. Instead write "dependent" in the section for name.

**EXAMPLE:** Jane's husband, John, is an attorney with Smith & Jones. He earned more than \$1,000 in the previous year practicing law. Jane's dependent daughter worked as a lifeguard during the summer of the previous year, earning more than \$1,000.

| Name and Job Title<br>(do not list name of dependent child) | Employer's Name and Address                                 | Principal Type of Economic or Business<br>Activity of Employer |
|---|---|--|
| John Smith, Attorney  | Smith & Jones, L.L.P.<br>28 Hollywood Drive, Raymond, Maine | Worker's Comp., Personal Injury, Probate/<br>Wills             |
| Dependent, Lifeguard  | Pine Tree YMCA<br>202 Main Street, Pine Tree City, Maine    | Fitness  |

### **INSTRUCTIONS: Part 5-B. Other Source of Income of Immediate Family Members**

List the name, address, and type of income for each source of income not listed in Part 5-A which represents \$1,000 or more received by any member of your immediate family. Include the name of the spouse or domestic partner receiving income. **Do not** include the name of a dependent child receiving income. Instead, write "dependent" in the section for name.

**EXAMPLE:** Jane's oldest daughter was given money to be held in trust until her 16th birthday. Now that she has turned 16, the trust is issuing payments to her. Over the course of the year, the payments add up to more than \$1,000. Jane's husband, John, lost his job and is receiving unemployment benefits. Last year, John received more than \$1,000 in benefits.

| Name of Spouse or Partner (do not list name of dependent child) | Source's Name and Address                                 | Type of Income        |
|---|---|-----------------------|
| Dependent   | Union Life Insurance Co.,<br>One Copley Plaza, Boston, MA | Trust distribution    |
| John Smith  | State Unemployment Office                                 | Unemployment Benefits |

| Part 4. Income from Any Other Source                        | ce                                    |  |
|---|---------------------------------------|--|
| □ None. Check this box if you do not ha                     | ave income from any other source.     |  |
| Name of Source  | Address                               | Type of Income   |
|   |                                       |  |
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|   | ·                                     |  |
|   |                                       |  |
| Part 5-A. Compensation Income of Ir                         | nmediate Family Members               |  |
| □ None. Check this box if no members                        | -                                     | me of \$1,000 or more from                                     |
| employment or compensation.                                 | or your minious action, going a moo   |  |
| Name and Job Title<br>(do not list name of dependent child) | Employer's Name and Address           | Principal Type of Economic or<br>Business Activity of Employer |
| (do not list hame of dependent child)                       |                                       | Business Activity of Employer                                  |
|   |                                       |  |
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|   |                                       |  |
| Part 5-B. Other Sources of Income o                         | •                                     |  |
| □ None. Check this box if no members other source.          | ot your immediate family derived inco | me of \$1,000 or more from any                                 |
| Name of Spouse or Partner                                   | Source's Name and Address             | Type of Income   |
| (do not list name of dependent child)                       |                                       |  |
|   |                                       |  |
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#### **INSTRUCTIONS: Part 6. Loans**

If you received any loan of \$3,000 or more during the reporting year that was not secured by collateral, list the name, address, and principal type of economic or business activity of the lender. **Do not** include:

- Credit card debt
- A loan from a relative
- A mortgage or car loan
- Any loan that was secured with collateral
- An educational loan made or guaranteed by a governmental entity, educational institution, or non-profit organization
- A loan made from a state or federally regulated financial institution for business purposes

For more information concerning what loans must be reported, please see the definition of reportable liability in the glossary.

**EXAMPLE:** Jane borrowed \$5,000 from Carl Smith, a friend, to fund an addition to her back deck.

| Lender's Name | Lender's Address                       | Principal Type of Economic or Business Activity of Lender |
|---------------|--|---|
| Carl Smith    | 201 Main Street, Pine Tree City, Maine | Accountant  |

#### **INSTRUCTIONS: Part 7. Gifts, Including Travel and Accommodations**

List each source from which you received a gift or gifts with a total value of more than \$300 during the reporting year. If a person or organization has spent more than \$300 in the year to finance your travel, meals, or accommodations, their payments are considered a gift which must be reported. See the glossary for goods and services which are *not* considered a gift.

**EXAMPLE:** John was invited to speak at a conference on utilities regulation held by the U.S. New Energy Association. The association paid his travel and hotel expenses, which were \$800. Because the cost of travel and lodging was more than \$300, it is a gift and must be disclosed.

| Source of Gift                 | Source of Gift |
|--------------------------------|----------------|
| 1. U.S. New Energy Association | 2.             |

### **INSTRUCTIONS: Part 8. Honoraria**

List all sources of honoraria you received during the reporting year. "Honoraria" means a payment of money or anything with a resale value received for an appearance or a speech by you in your official capacity.

Honoraria *does not* include reimbursement for actual and necessary travel expenses for an appearance or speech. Report travel expenses in Part 7.

**EXAMPLE:** Jane, the State's Archivist, was paid to speak at the Maine Historical Society about funding for historical research.

|                             | Source of Honoraria | Source of Honoraria |
|-----------------------------|---------------------|---------------------|
| 1. Maine Historical Society |                     | 2.                  |

| Part 6. Loans   |                  |   |  |  |  |
|---|------------------|---|--|--|--|
| □ None. Check this box if you do not have reportable liabilities. |                  |   |  |  |  |
| Lender's Name   | Lender's Address | Principal Type of Economic or Business Activity of Lender |  |  |  |
|   |                  |   |  |  |  |
|   |                  |   |  |  |  |
|   |                  |   |  |  |  |

| Part 7. Gifts, Including Travel and Accommodations         |    |  |
|--|----|--|
| □ None. Check this box if you have not received any gifts. |    |  |
| Source of Gift Source of Gift                              |    |  |
| 1.   | 4. |  |
| 2.   | 5. |  |
| 3.   | 6. |  |

| Part 8. Honoraria  |                     |  |  |  |
|--|---------------------|--|--|--|
| □ None. Check this box if you have not received honoraria. |                     |  |  |  |
| Source of Honoraria  | Source of Honoraria |  |  |  |
| 1.   | 4.                  |  |  |  |
|  |                     |  |  |  |
| 2.   | 5.                  |  |  |  |
|  |                     |  |  |  |
| 3.   | 6.                  |  |  |  |
|  |                     |  |  |  |

#### **INSTRUCTIONS: Part 9-A. Conducting Business with State Agencies**

List each State agency to which you or an immediate family member sold goods or services for more than \$1,000 during the reporting period. Include the name and relationship to you of the individual conducting business with the agency.

**EXAMPLE:** Last year, John sold a camper trailer to the Maine Emergency Management Agency for \$1,200.

| Name of Agency                    | Name of Individual Selling Goods or Services | ı |
|-----------------------------------|--|---|
| Maine Emergency Management Agency | John Smith                                   | ì |

#### **INSTRUCTIONS: Part 9-B.** Representing Others before State Agencies

If you, or a member of your immediate family, appeared for, represented, or assisted any person or client before a State agency <u>for compensation</u>, list the State agency and the person receiving the compensation for the representation or assistance.

**EXAMPLE:** Jane represented a family friend before the Department of Health and Human Services. Jane, a former attorney at law, was paid \$500 for her time.

| Name of Agency                          | Name of Individual Receiving Compensation |
|---|---|
| Department of Health and Human Services | Self                                      |

### **INSTRUCTIONS: Part 10. Positions in For-Profit and Non-Profit Organizations**

List any for-profit or non-profit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature in the reporting year, and indicate whether the position was compensated or uncompensated.

Reportable positions include, but are not limited to:

- Director
- Treasurer
- Trustee
- Officer of any type
- Member of Limited Liability Company

- Secretary
- President
- · Member or Chair of Board
- Partner

#### **EXAMPLE:**

| Organization/Business and Address  | Title    | Name of Position Holder | Relationship to Executive<br>Employee | Compensated<br>Yes/No |
|--|----------|-------------------------|---------------------------------------|-----------------------|
| Kennebec Historical Society<br>107 Winthrop Street<br>Augusta, Maine 04330           | Director | John Smith              | ■ Self □ Spouse □ Dependent           | No                    |
| Community Ventures, LLC<br>2941 Fairview Park Drive<br>Pine Tree City, Maine, 232042 | Member   | Jane Smith              | □ Self ■ Spouse □ Dependent           | Yes                   |

| Part 9-A. Conducting Business with State Agencies   |                      |                            |  |                       |
|---|----------------------|----------------------------|--|-----------------------|
| □ None. Check this box if neither you   | nor your immedia     | te family have done        | business with State                      | agencies.             |
| Name of Agency  |                      | Name of Indi               | ividual Selling Good                     | ds or Services        |
|   |                      |                            |  |                       |
|   |                      |                            |  |                       |
|   |                      |                            |  |                       |
| Part 9-B. Representing Others Bef   |                      |                            |  |                       |
| □ None. Check this box if neither you   | nor your immedia     |                            |  |                       |
| Name of Agency  |                      | Name of Ind                | ividual Receiving C                      | Compensation          |
|   |                      |                            |  |                       |
|   |                      |                            |  |                       |
|   |                      |                            |  |                       |
| Part 10. Positions in For-Profit and  | d Non-Profit Orga    | nizations                  |  |                       |
| <ul> <li>None. Check this box if you and me<br/>profit organizations.</li> </ul>                              | embers your imme     | diate family do not he     | old positions in any                     | for-profit or non-    |
| Organization/Business<br>and Address  | Title                | Name of Position<br>Holder | Relationship to<br>Executive<br>Employee | Compensated<br>Yes/No |
|   |                      |                            | □ Self □ Spouse □ Dependent              |                       |
|   |                      |                            | □ Self □ Spouse □ Dependent              |                       |
|   |                      |                            | □ Self □ Spouse □ Dependent              |                       |
|   |                      |                            |  |                       |
|   | SIGN                 | ATURE                      |  |                       |
| I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWELDGE IT IS TRUE, CORRECT, AND COMPLETE. |                      |                            | SE IT IS TRUE,                           |                       |
|   |                      |                            |  |                       |
| Signature   |                      |                            | D  | ate                   |
| UNSWORI   | N FALSIFICATION IS A | CLASS D CRIME (17-A M.R    | .S.A. §453).                             |                       |

# **ADDITIONAL INFORMATION**

| Please providing. | de any additional information in the space below.  Use additional pages if necessary. | Indicate the part number for the information you |
|-------------------|---|--|
| Part<br>Number    |   |  |
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# **Glossary**

**Executive Employee:** Includes both appointed and elected executive employees.

**Gift:** A gift is anything of value given to you, including the forgiveness of a debt or obligation, without you providing equal or greater consideration to the giver. A gift *does not* include:

- Gifts from a single source whose aggregate value is \$300.00 or less.
- A bequest or inheritance.
- A gift received from a relative or from an individual on the basis of a personal friendship as long as that individual is not a registered lobbyist or lobbyist associate under Title 3, section 313, unless the Legislator has reason to believe that the gift was provided because of the Legislator's official position and not because of a personal friendship.
- A subscription to a newspaper, news magazine or other news publication.
- Legal services provided in a matter of legislative ethics.
- A meal, if the meal is a prayer breakfast or a meal served during a meeting to establish a prayer breakfast; or
- A meal, if the meal is provided by industry or special interest organizations as part of the informational program presented to a group of public servants.

**Honorarium:** A payment of money or anything with a monetary resale value to a person for an appearance or a speech by the person. "Honorarium" does not include reimbursement for actual and necessary travel expenses for an appearance or speech. "Honorarium" does not include a payment for an appearance or speech that is unrelated to the person's official capacity or duties.

**Immediate Family:** Immediate family includes your spouse or domestic partner and dependent children.

**Income:** Income means economic gain to a person from any source, including, but not limited to, compensation for services, including fees, commissions and payments in-kind; income derived from business; gains derived from dealings in property, rents and royalties; income from investments including interest, capital gains and dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; income from an interest in an estate or trust; prizes; and grants, but does not include gifts. In-kind income may include, but is not limited to, the transfer of real property, options to buy or lease, and stock certificates. Income **does not** include alimony and separate maintenance payments. Sources may include, but are not limited to, income from:

- pensions
- unemployment benefits
- prizes and grants
- annuities
- discharge of indebtedness
- property transactions

- Social Security benefits
- · rents and royalties
- life insurance and endowment contracts
- interest in an estate or trust
- investments including interest, capital gains, and dividends
- distributive shares from partnership or limited liability company

**Relative:** Relative means related to your or your spouse as father, mother, son, daughter, brother, sister, uncle, aunt, great aunt, great uncle, first cousin, nephew, niece, husband, wife, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, and includes your fiancé or fiancée.

**Reportable Liability:** Reportable Liabilities means any unsecured loan, except a loan made as a campaign contribution recorded as required by law, of \$3,000 or more received from a person not a relative. Reportable liabilities do not include:

- 1. A credit card liability;
- 2. An educational loan made or guaranteed by a governmental entity, educational institution, or nonprofit organization; or
- 3. A loan made from a state or federally regulated financial institution for business purposes.

**Self-Employment:** Self-Employment means that the person qualifies as an independent contractor under Title 39-A, section 102, subsection 13, which states in part, "independent contractor means a person who performs services for another under contract, but who is not under the essential control or superintendence of the person while performing those services."