2010 Calendar Year

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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

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APR 7 2011

EXECUTIVE EMPLOYEES
2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the **Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011**. 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. ***Please keep a copy of this form for your records.***

NAME AND CONTACT INFORMATION

Name: Paul J Fortier

Title: Dep Director for Information Mgt

Department/Agency/Bureau/Division: Workers' Compensation Board

Work Phone: 207-287-3818

Mailing Address, City, ZIP: 27 SHS Augusta, Me 04333 H 20 Michael St Farmingdale, Me 04344

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of $1,000 or more. Specify the principal type of economic activity of each employer.

☐ None

Name of Employer	Address	Principal Type of Economic Activity of Employer
Higher Grounds Coffee House	123 Water St Hallowell, Me	Bartender

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE

A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.

☒ None

Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
Name:		
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

B. List each source of income derived from self-employment or practice that represents more than 10% of your gross income or $1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	

PART 3. OTHER SOURCES OF INCOME

List each source of income of $1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or honoraria. If none, check the box.

☑ None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	
Name: Address:	

PART 4. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of $3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loans from a relative, loans that were made as campaign contributions, or business loans from regulated financial institutions. If none, check the box.

☑ None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

PART 5. REPORTABLE GIFTS

List the specific source of gifts received during the reporting period with an aggregate value of more than $300. If none, check the box.

☑ None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 6. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your official capacity or duties. If none, check the box.

☑ None

Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 7. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you or a member of your immediate family represented or assisted others for compensation of any amount other than your official salary. Indicate whether you or a family member appeared before the agency. If none, check the box.

☑ None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 8. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of $1,000 during the reporting period. Indicate whether you or a family member sold the goods or services. If none, check the box.

☑ None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 9. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of $1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received $1,000 or more of income, list his or her name and job title. List only the job title of dependent children who received income of $1,000 or more. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Cynthia St Fortier Job Title: Admin Assistant	1. Admin Assistant 2. 3.	1. regular pay 2. 3.

Dependent Child(ren) - Job Titles Only

Job Title:

Job Title:

Job Title:

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit 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. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

☑ None

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?

SIGNATURE

I affirm that the contents of this report are true, complete and accurate to the best of my knowledge.

Signature

4-6-11
Date

Unsworn falsification is a Class D crime.

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.

Part/Section Number	