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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

For the 2012 Calendar Year: January 1, 2012 - December 31, 2012

Please file this statement with the **Maine Ethics Commission**. 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. A glossary is located in the back of this form.

General Instructions

- Complete all sections. If a section is not applicable, check the box marked "None."
- Report only specific sources of income. Dollar amounts do not need to be reported.
- If completing this form by hand, please write legibly.

| | |
|--|---|
| Name <i>Karynlee Harrington</i> | Job Title <i>Executive Director</i> |
| Department <i>Diviso Health Agency</i> | Phone (work) <i>207-287-9900</i> |
| Mailing Address (work) <i>211 Water Street, Augusta Maine</i> | E-mail Address (work) <i>Karynlee.Harrington@maine.gov</i> |

REPORT TYPE (please see below)

| | | | |
|----------------------------------|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Update | <input type="checkbox"/> Final |
|----------------------------------|--|---------------------------------|--------------------------------|

Reporting Deadlines

Constitutional Officers and the State Auditor

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by April 15 of each year they are in office, unless a report for that year has already been filed.

Appointed Executive Employees

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by April 15 of each year of their employment, unless a report for that year has already been filed..

Executive Employees in Major Policy-Influencing Positions

Executive employees in major policy-influencing positions must file the financial disclosure statement by April 15 of each year of their employment.

Leaving Office or Terminating Employment

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

Updating Statement

An executive employee shall file an updated statement concerning the current calendar year if the income, reportable liabilities or positions of the executive employee or an immediate family member, excluding dependent children, substantially change from those disclosed in the employee's most recent statement. Substantial changes include, but are not limited to:

- a new employer that has paid the employee/immediate family member \$2,000 or more during the current year,
- a source of income that has provided the employee/immediate family member with income that totals \$2,000 or more during the current year, and
- the acceptance of a new position with a for-profit or nonprofit firm or political action or ballot question committee.

The executive employee shall file the updated statement within 30 days of the substantial change in income, reportable liabilities or positions

Part 1. Income from Employment by Another

None. Check this box if you did 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-Employment

None. Check this box if you did not have income from self-employment.

| Name of Your Business/Trade Name | Address | Principal Type of Economic or Business Activity |
|--|---------|---|
| | | |
| | | |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
| | | |
| | | |
| | | |

Part 3. Revenue of Business Entities

None. Check this box if you and your immediate family did not have a majority share in a business.

| Name of Business | Address | Principal Type of Economic or Business Activity |
|-------------------------|--------------|---|
| Southern Maine Sitework | Coway, Maine | Earth work - Construction |
| Sterling Development | Coway, Maine | Real Estate development |

Part 4. Income from the Practice of Law

None. Check this box if you did not have income from the practice of law.

| Name of Practice or Firm | Address | Your Major Areas of Practice | Firm's Major Areas of Practice | 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 |
|----------------|---------|----------------|
| | | |
| | | |
| | | |

Part 6-A. Compensation Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

| 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 |
|---|-----------------------------|--|
| Rodney Boyington President/owner | Southern Maine Silkwalk | earth work / construction |
| Rodney Boyington member | Sterling Development | real estate development |
| | | |

Part 6-B. Other Sources of Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

| Name of Spouse or Partner (do not list name of dependent child) | Source of Income Name and Address | Type of Income |
|--|--------------------------------------|----------------|
| | | |
| | | |
| | | |

Part 7. Liabilities

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 |
|---------------|------------------|---|
| | | |
| | | |

Part 8. Gifts, Including Travel and Accommodations

None. Check this box if you did not received any gifts.

| Source of Gift | Source of Gift |
|----------------|----------------|
| 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. Positions 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. | |

None. Check this box if neither you nor your immediate family did business with any State agency.

| Name of Agency | Name of Individual/Organization Selling Goods or Services | Description of Good or Services |
|----------------|---|---------------------------------|
| | | |
| | | |

Part 12. Representing Others before State Agencies

None. Check this box if neither you nor your immediate family represented another before a State agency.

| Name of Agency | Name of Individual Receiving Compensation |
|----------------|---|
| | |
| | |

Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

| Organization/Business and Address | Title | Name of Position Holder | Relationship to Executive Employee | Compensated Yes/No |
|--|--------------|-------------------------|---|--|
| Maine Quality Care P.O. Box 190 Manchester, ME 04351 | Board member | Karynlee Harrington | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SIGNATURE

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

Karynlee Harrington
Signature

7-9-13
Date