2011 Calendar Year

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

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Maine Ethics Commission

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the **Clerk of the House** or **Secretary of the Senate** by **5:00 p.m. on February 15, 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.

LEGISLATOR INFORMATION

Name: John L. Martin	Office: ☒ House ☐ Senate
Mailing address: PO Box 250	District: House 1
City, zip code: Eagle Lake, Maine 04739	Phone: 444-5556

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, 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
University of Maine at Fort Kent	23 University Drive Fort Kent Me 04739	Education
State of Maine State House	2 State House Station Augusta, Me 04333	Legislator

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/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: Union Central Life Ins Co Address: Cincinnati, Ohio	Insurance Sales -	Health + life insurance sales -
Name: UNUM Address: Portland, Me 04101	Same	Same

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

B. List each source of income derived from self-employment or law 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: Anthem Blue Cross-Blue Shield Address: South Portland, Me 04406	Health Insurance Sales Accident & Life -
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 Maine Community Foundation, Ellsworth, Me for Maine Scholars program

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Eagle Lake Outfitters, Eagle Lake Address: Mad Rock Inc Eagle Lake Fish River Development Inc Eagle Lake	Concrete Store rental property rental & land sales
Name: Moose Point Camps Inc Address: J & P Martin PTR, Eagle Lake Winthrop Commerce Center LLC - Winthrop	Sporting Camps property & land sales rental
Name: Tamarack Hill, Inc Eagle Lake Address: Priestly, Inc. Eagle Lake	Restaurant & Lodging rental

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, educational loans, loans from a relative, 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. GIFTS, INCLUDING TRAVEL AND ACCOMMODATIONS

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. HONORARIA

List the source of any honoraria accepted for appearances or speeches. 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 represented or assisted others for compensation of any amount. 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 Except for sales of gas on State Credit Cards to Adams Mobiles

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 income of $1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of $1000 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: N/A Job Title:	1. 2. 3.	1. 2. 3.
Dependent Child(ren) - Job Titles Only		
Job Title: N/A		
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 member held the position and whether the position was compensated. If a family member is 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?
SAD#27, Fort Kent	Director	JLM	—	25/per meeting
No. Me. General, Eagle Lake	Trustee	JLM	—	none
Ambulance Service Ac., Fort Kent	President	JLM	—	none
Northern Me Medical Center F.K.	Trustee	JLM	—	none
Eagle Lake Water & Sewer Dist	Treas + Trustee	JLM	—	1550/yr
Eagle Lake Planning Board	Chair	JLM	—	none
Philip Blanchette Cultural Center - E.L.	Vice President	JLM	—	none
Fish River Rural Health	President	JLM	—	none
Eastern Maine Med. Center Bangor	Trustee	JLM	—	none
Eagle Lake Development Co., E.L.	Director	JLM	—	none
Mercy Associates, E.L.	President	JLM	—	none
Eagle Lake Water Riders E.L.	Director	JLM	—	none
~~Hedgehog Mtn Land Trustee~~	President	JLM	—	none

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to $100. (1 M.R.S.A. § 1017-A)
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

[signature] 1/9/12

Signature Date

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	