



STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME
1 M.R.S.A. §§ 1016-A et seq.
COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: Charles Key Theriault

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Please check the appropriate box and fill in the District number.

Member of the Senate, District 2

Member of the House, District 2

GENERAL INSTRUCTIONS

- Please file this statement with the Clerk of the House or the Secretary of the Senate by: **5:00 p.m. on February 15, 2007.**
- The report covers you, your spouse, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.**
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 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 relating to the preceding year. 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.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

<u>Name of Employer</u>	<u>Address</u>	<u>Principal Type of Economic Activity of Employer</u>
1. <i>N/A</i>	<i>(None)</i>	
2.		
3.		

PART II. INCOME DERIVED FROM SELF-EMPLOYMENT. *(For Legislators who are self-employed.)*

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

<u>Name and Address of Business Entity</u>	<u>Major Areas of Economic Activity (self)</u>	<u>Major Areas of Economic Activity (partnership, association or similar business entity)</u>
1. <i>N/A</i>	<i>None</i>	
2.		
3.		

B. Name each source of income derived from self-employment 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.

<u>Name of Source</u>	<u>Address</u>	<u>Principal Type of Economic Activity of Entity or Person Who Is the Source of Income</u>
1. <i>N/A</i>	<i>None</i>	
2.		
3.		

PART III. MAJOR AREAS OF PRACTICE. *(For Legislators who are attorneys-at-law only.)* List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

<u>Name and Address of Firm</u>	<u>Major Areas of Practice (self)</u>	<u>Major Areas of Practice (firm)</u>
1. <i>N/A</i>	<i>None</i>	
2.		
3.		

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

<u>Name of Source</u>	<u>Address</u>	<u>Kind of Income</u>
① Benefit Disbursement - P.O. Box 569		(Pension)
② Paying Agent -	Pittsburgh Pa	
	15230	
③ Fraser Papers Madawaska		
④ Social Security Admin		(Retirement)
⑤ Maine State Legislature		

PART V. DISCLOSURE OF 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 loans from a relative. If none, so state.

<u>Name of Creditor</u>	<u>Address of Creditor</u>	<u>Principal Type of Economic Activity of Creditor</u>
1. Norstate Credit Union		Credit Union
2. 78 - Fox Street -		
3. Madawaska Me. 04756		

PART VI. DISCLOSURE OF GIFTS. Name the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, so state.

- 1. N/A (none)
- 2. _____
- 3. _____
- 4. _____

PART VII. DISCLOSURE OF HONORARIA. List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, so state.

- 1. N/A (none)
- 2. _____
- 3. _____
- 4. _____

PART VIII. REPRESENTATION BEFORE STATE AGENCIES. Identify each executive branch agency before which you represented or assisted others for compensation of any amount. If none, so state.

- 1. N/A (none)
- 2. _____
- 3. _____
- 4. _____

