STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333-0135
Office: 242 State Street, Augusta, Maine
Tel: (207)287-4179
FAX: 287-6775
Website: www.maine.gov/ethics

RECEIVED
FEB 13 2007
COMMISSION ON GOVERN. & ELECTION PRACTICES

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: John M Nutting
MAILING ADDRESS: 79 Campbell Rd
CITY: Leeds
ZIP CODE: 04263
PHONE NUMBER: 524-3941

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

☑ Member of the Senate, District 17

☐ Member of the House, District _____

GENERAL INSTRUCTIONS

1. 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.

2. The report covers you, your spouse, and your dependent children.
3. Report only specific sources of income. *Dollar amounts need not be listed.*
4. Campaign contributions duly recorded as required by law need not be reported in this statement.
5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
6. **Please sign on Page 4.**
7. The completed statements will be posted as a 'pdf' on the Commission's website.
8. 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.

Name of Employer	Address	Principal Type of Economic Activity of Employer
1. Me. Legislator		Member of Legislature
2.	St House Station #3	
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.

Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
1. Androscoggin Holsteins	— Reg. Breeding Stock	
2. 79 Campbell Rd	— Milk	
3. Leeds	— Embrio's	

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.

Name of Source	Address	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1. Sale of Milk		
2. " "	Breeding Stock	
3. " "	Embrio's	

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.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
1.		
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.

Name of Source	Address	Kind of Income
1. Growth Fund America	Albany, NY.	Mutual Fund
2. Strategic Partners Mutual	Albany, NY.	Mutual Fund
3. Agrimark	Lawrence, Mass	Stock
Capital World Growth + Income Fund	Albany, N.Y	Mutual Fund

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.

Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
1. None		
2.		
3.		

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. 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. 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. None
2.
3.
4.

PART IX. BUSINESS WITH STATE AGENCIES. Identify 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. If none, so state.

1. none 2. _____

PART X. 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 dependent child(ren) during the reporting period and the kind of income represented. Do not include gifts. Indicate (S) beside sources of income received by spouse and (D) beside sources of income received by dependent(s).

Type of Economic Activity Representing Each Source of Income Received	Kind of Income
1. Wooden + cloth crafts	S
2.	
3.	
4.	

****

The intentional filing of a false statement shall be 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. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed $1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)

[signature] 2-13-07

Signature Date