

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2013 Calendar Year: January 1, 2013 - December 31, 2013

Check here if this statement is an update or amendment of a previously filed statement.

Name: Sharon Anglin Treat; Office: House; Mailing Address: 22 Page St.; District Number: 79; City/Town, State, Zip: Hallowell, ME 04347; E-mail Address: SATREAT@gmail.com

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., February 15, 2014.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
A glossary is located in the back of this form.
If completing this form by hand, please write legibly.
Report the sources of income for you, your spouse or domestic partner, and your dependent children.
Report only specific sources of income. Dollar amounts need not be listed.
Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
The completed statements are posted on the Commission's website and copies are made available to the public upon request.
Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities or positions of the Legislator or an immediate family member (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the Legislator or immediate family member \$2,000 or more in the current year;
A new reportable liability of \$3,000 or more obtained during the current calendar year;
A new contract or other arrangement between the Legislator, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation!

**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
Law Office of Sharon Anglin Treat	22 Page St Hallowell, ME 04347	legal, consulting
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client
National Legislative Assn. on Prescription Drug Prices	PO Box 492 Hallowell, ME 04347	Public policy nonprofit
National Caucus of Environmental Legislators	1301 Pennsylvania Ave. NW Suite 800 Washington, DC 20004	Public policy nonprofit

**Part 3. Business Entities** None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity

**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
Law Office of Sharon Anglin Treat	22 Page St Hallowell, ME 04347	consulting trade, health, environment	—	Sole Practitioner

Part 5. Income from Any Other Source		
<input checked="" type="checkbox"/> None. Check this box if you did not have income from any other source.		
Name of Source	Address	Description of Income

Part 6-A. Compensation Income of Immediate Family Members		
<input type="checkbox"/> 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
Robert Collins Warehouse	Lt Bean Freeport, ME	retail + wholesale
Robert Collins Greenhouse	Long Fellows greenhouse Puddle dock Road Manchester, ME	retail + wholesale

Part 6-B. Other Sources of Income of Immediate Family Members		
<input checked="" type="checkbox"/> 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. Loans		
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> None. Check this box if you did not received any gifts. ✖	
Source of Gift	Source of Gift
1. Action on Smoking and Health - travel scholarship + registration to attend conference on tobacco and public health	2. AFL-CIO, scholarship to attend Women's Voice Conference and Caucus of State Labor Legislators
3. National Insurance Legislators Foundation - scholarship to attend NCOIL conference	4. National Caucus of Environmental Legislators - travel scholarship to attend meetings on environmental policy

✖ See last page of form for additional entries

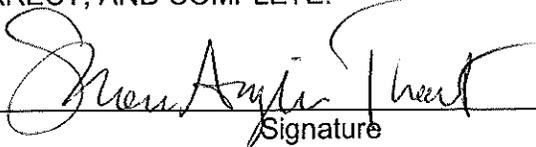
Part 9. Honoraria	
<input checked="" type="checkbox"/> None. Check this box if you did not received honoraria.	
Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

Part 10. Positions in Political Action, Ballot Question or Party Committees		
<input checked="" type="checkbox"/> None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.		
Name of Committee	Name of Official or Family Member	Title
1.		
2.		

Part 11. Conducting Business with State Agencies		
<input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> 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				
<input type="checkbox"/> None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations. <i>* see last page for additional</i>				
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
National Legislative Assn. on Prescription Drug Prices PO Box 492, Hallowell, ME 04347	Executive Director	Sharon Treat	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	yes
Trustee, Hubbard Free Library - Hallowell, ME	Trustee	Sharon Treat	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	no
Treat Family Trust PO Box 35, Putney VT 05436 Land Trust	Trustee	Sharon Treat + Siblings, parents	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	no

SIGNATURE	
I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.	
 Signature	1/19/14 Date
THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))	

