

Received commission on Governmental Ethics and Election Practices

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE

> WEBSITE: WWW.MAINE.GOV/ETHICS PHONE: 207-287-4179

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Maine Ethics Commission

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2016 Calendar Year: January 1, 2016 - December 31, 2016

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

Name Ern Herbig	Office House Senate
Mailing Address PU Box 10/5	District Number 97
City/Town, State, Zip Selfast ME W915	E-mail Address Enn. Herbig (2 (egislature. main
FILING DEADLINE	

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Wednesday, February 15, 2017.

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. NO RED INK
- 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 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.

Part 1. Income from E	mployment by A	nother					
None. Check this bo	x if you did not ha	ave income fror	n employm	ent by ano	ther.		
Name of Employer		dress	Principal Type of Economic or Business Activity of Employer			Job Title	
Marini State Legisl	afne 3Sta Hyust	te Lave Staten, ME	: Hva Station Government, ME		nent	State Vepreseratatie	
Part 2. Income from Se	elf-Employment					de la companya de la	
None. Check this box	x if you did not ha	ave income fror	n self-emp	loyment.			
Name of Your Business/Tra	ade Name	Add	ress			ipal Type of Economic r Business Activity	
Name of Client or Customer (see instructions)		Address			Principal Type of Economic or Business Activity of Client		
Part 3. Business Entiti		immediate fam	ilv did not o	own or con	trol more th	nan 5% of any husiness	
Name of Business		Add	•	Will of Con	Princi	pal Type of Economic r Business Activity	
Part 4. Income from the None. Check this box		ive income from	the praction	Firm's	Major Areas Practice	Position: Partner, Associate, Sole Practitioner	

Part 5. Income from Any Other Source	:e			
None. Check this box if you did not h	nave income from any other source.			
Name of Source	Address	Description of Income		
Part 6-A. Compensation Income of Im	nmediate Family Members			
 None. Check this box if no members employment or compensation. 	s of your immediate family received inc	ome of \$2,000 or more from		
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		
Joseph Baiungo athrney	Law Office of Joseph Boivingo 111-A Church Start ME OY	family law,		
V	/			
Part 6-B. Other Sources of Income of	Immediate Family Members			
None. Check this box if no members other source.	of your immediate family received inco	ome of \$2,000 or more from any		
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income		

Part 7. Loans					
None. Check this box if you did	l not have reportable	e liabilities.			
Lender's Name		Lender's Address	Principal Type of Economic or Business Activity of Lender		
		*			
Part 8. Gifts, Including Travel ar	nd Accommodation	is			
None. Check this box if you did	l not received any gi	fts.			
Source of Gift			Source of Gift		
1.		2.			
3.		4.			
Part 9. Honoraria					
None. Check this box if you did	not receive honorari	a.			
Source of Honora	ıria		Source of Honoraria		
1.		2.			
3.		4.			
Part 10. Positions in Political Act	ion, Ballot Questio	n or Party Commit	tees		
None. Check this box if you and or fundraiser of a PAC, BQC, or I		ily were not a treas	urer, or principal officer, decision-maker		
Name of Committee	Name of Official of	r Family Member	Title		
1.					
2.					
3.					

Name of Agency Name of Individual/Organization Selling Goods 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 Name of Agency Name of Individual Receiving Compensation 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 Legislator Legislator Yes/No Self Spouse Dependent Self Spouse Dependent Signature Signature Lectrify That I have Examined this Report and To The Best of My Knowledge IT is True. Correct, AND COMPLETE. He intentional flunk of A False Statement is a CLASS E CRIME (I M.R. 8. A \$ 1016-04(88))	Part 11. Conducting Business v	vith State Agencie	es de la companya de	Life of the Albertanian			
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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 Relationship to Legislator Ves/No Self Spouse Dependent Relationship to Compensated Ves/No Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent At Address Signature Signature Address Addres	Name of Agency		Name of Individual/Organization				
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Self Spouse Dependent	None. Check this box if you an non-profit organizations. Organization/Business	d members your in	nmediate family did not Name of Position	Relationship to	Compensated		
Self Spouse Dependent Self Spouse Dependent Signature SIGNATURE I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE. Signature Date	una / taaress		Tiodes	□ Self □ Spouse	103/110		
SIGNATURE I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE. 1 CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.				□ Self □ Spouse			
CORRECT, AND COMPLETE. Signature Date				□ Spouse			
CORRECT, AND COMPLETE. 12/15/2017 Signature Date		SIC	SNATURE				
Signature Date	I CERTIFY THAT I HAVE EXAMINE CORRECT, AND COMPLETE.	ED THIS REPORT	AND TO THE BEST O	F MY KNOWLEDG	E IT IS TRUE,		
	lú Hon	, ,		02/15	/2017		
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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Maine Ethics Commission 30-DAY UPDATE TO STATEMENT OF SOURCES OF INCOME FOR LEGISL

30-DA	AY UPDATE TO STATE	MENIC	OF SOURCES	S OF INCOM	IE FOR LEG	ISLA	IORS
Name Enn	Of	Office House Senate					
Mailing Address	Dis	strict Number	77				
City/Town, State, Zip	Belfast, ME	- (M915		mail Address Exin.hevi	bij (o	legislature
REQUIREMENT	TO FILE AN UPDATED	STATEM	ENT			n	raine.gov
income, reportate occurs in the cur to, a new employ organization; a r be reported in the	equired to update their stated le liabilities, or positions of the rent calendar year. (1 M.F. yer or other source of income unsecured loan of \$3,0 are statement of sources of it you previously reported.	f the Leg R.S.A. § me of \$2 000 or mo income.	islator and the 1016-G(2)(B)) ,000 or more; a ore; and other	Legislator's s Substantial c a new position substantial ch	pouse or dom hanges include in a for-profit anges in the i	nestic p le, but t or nor informa	partner that are not limited n-profit ation required to
Part 1. Incom	e from Employment by A	nother		T			
Date of Change	Name of Employer	Address or Busir		or Business	Type of Economic iness Activity of Job Tit Employer		Job Title
Part 2. Incom	e from Self-Employment Name of Your Business/Trade	<u>La triba arabahan an hasa</u>	Ad	dress			of Economic or vity of Employer
Part 3. Busine	ess Entities						
Date of Change	Name of Business		Ado	dress			of Economic or vity of Employer
Part 4. Incom	e from the Practice of La	 W					
Date of Change	Name of Practice or Firm	Your M			or Areas of otice	As	sition: Partner, sociate, Sole Practitioner
Part 5. Incom	e from Any Other Source						
Date of Change	Name of Source			dress	Description of Income		

Part 6-A. Compen	sation Income of Spouse/Dom	nestic Partner			
Date of Change	Name and Job Title	Employer's Name and Address		Principal Type of Economic or Business Activity of Employer	
Part 6-B Other Sc	ources of Income of Spouse/D	omestic Partner			
Date of Change	Name of Spouse/Domestic Partner	Source of (Name & A	Income	Type of Income	
Part 7. Unsecured	Loans of \$3,000 or more				
Date of Change	Lender's Name	Lender's A	Address	Principal Type of Economic or Business Activity of Lender	
Part 8. Gifts, Inclu	uding Travel and Accommodat	tions			
Date of Change	Source of Gift	Date of C	Change	Source of Gift	
Part 9. Honoraria					
Date of Change	Source of Honoraria	Date of Change		Source of Honoraria	
Part 10. Positions	in Political Action, Ballot Ques	stion or Party Co	ommittees		
Date of Change	Name of Committee	Name of Official or	Family Member	Title	
Part 11. Conducti	ng Business with State Agend	Pies			
Date of Change	Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Goods or Services	
Part 12. Represer	nting Others Before State Age	ncies			
Date of Change	Name of Agency		Individu	al Receiving Compensation	
Part 13. Positions	in For-Profit and Non-Profit (Drganizations	and the second s		
Date of Change	Organization/Business and Address	Name of Pos		Compensated Yes/No	
April 25, 2017	MECASA 45 Memorial Circ	Ce Aynste E	in Hubig	NO-board member	
April 27,2017	Land the second	The second of th	h Baiungo	NO-board member	
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CORRECT, AND CO	HAVE EXAMINED THIS REPOR DMPLETE.	TAND TO THE	BEST OF MY K	NOWLEDGE IT IS TRUE,	
lai!	4			05/08/2017	
Signature			Date		
ТН	E INTENTIONAL FILING OF A FALSE STA	TEMENT IS A CLASS I	E CRIME. (1 M.R.S.	A. § 1016-G(3)(B))	