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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 FAX: 207-287-6775

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 Heather Sanborn	Office ☑ House ☐ Senate
Mailing Address 82 FROST HILL Rd	District Number 43
City/Town, State, Zip PORTLAND, ME 04/0/	E-mail Address hb 5 an born @ Smail. Com

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.

Name of Client or Customer, if required (see instructions) Name of Client or Customer, if required (see instructions) Name of Client or Customer, if required (see instructions) None. Check this box if you and your immediate family did not own or control more than 5% of any business. Address Name of Client or Customer if required (see instructions) None. Check this box if you and your immediate family did not own or control more than 5% of any business. Name of Business Activity 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 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 Fractions Principal Type of Economic or Business Activity Part 4. Income from the Practice of Law Your Major Areas of Fractice Firm's Major Areas of Practice Part Name of Practice or Firm Address Fractions Part Suspice 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 Fractions Principal Type of Economic or Business Activity 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 Fractions	Part 1. Income from	Employment	by Anoti	ner					
Part 2. Income from Self-Employment Name of Your Business Activity of Employment. Name of Practice of Law Name of Practice of Firm Address Principal Type of Economic or Business Activity Part 4. Income from the Practice of Law Name of Practice of Firm Address Principal Type of Economic or Business Activity of Client Part 4. Income from the Practice of Law Name of Practice of Firm Address Your Major Areas Principal Type of Economic or Business Activity of Client Part 4. Income from the Practice of Law Position: Partner, Partner, Position: Partner, Position: Partner, Position: Partner, Position: Partner,	☑ None. Check this	box if you did n	ot have i	ncome from emp	oloymen	nt by ar	other.		
Name of Your Business/Trade Name Address Principal Type of Economic or Business Activity Brand Type of Economic or Business Activity Principal Type of Economic or Business Activity Brand Business Activity of Client Address Principal Type of Economic or Business Activity of Client Address Principal Type of Economic or Business Activity of Client Brand Business Entitles None. Check this box if you and your immediate family did not own or control more than 5% of any business. Address Principal Type of Economic or Business Activity of Client Beer Batributor Brand Business Address Principal Type of Economic or Business Activity Brand Business Address Principal Type of Economic or Business Activity Brand Business Principal Type of Economic or Business Activity Brand Business Principal Type of Economic or Business Activity Part 3. Business Entitles Address Principal Type of Economic or Business Activity of Client Brand 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 Firm's Major Areas Position: Partner,	Name of Employer							Job Title	
Name of Your Business/Trade Name Address Principal Type of Economic or Business Activity Brewing Colle 103 fox St. Fortland Me Principal Type of Economic or Business Activity Brewing beer Name of Client or Customer, if required (see instructions) Name of Client or Customer, if required (see instructions) Part 3. Business Entitles 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 of Client Beer Betributor Brewing beer 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 Firm's Major Areas Position: Partiner,									
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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 Or Business Activity Brewity beer Brewity beer Brewity beer Brewity beer Firm's Major Areas Position: Partner,	☐ None. Check this I	box if you and y	your imm	ediate family did	not ow	n or co	ntrol more th	an 5% of any business.	
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 Firm's Major Areas Position: Partner,	Name of Busin	ess	Address						
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 Firm's Major Areas Position: Partner,	Rising Tide Breu	singlo UC	103 F	ox St. Portlan	d fle l	M101	Brewi	ng beer	
□ None. Check this box if you did not have income from the practice of law. Name of Practice or Firm		O						U	
Name of Practice or Firm Address Your Major Areas Firm's Major Areas Position: Partner,	Part 4. Income from	the Practice o	of Law						
1	☐ None. Check this b	ox if you did no	ot have ir	ncome from the p	ractice	of law.			
	Name of Practice or Firm	Address	7						
		-							
							4.44		

Part 5. Income from Any Other Source				
None. Check this box if you did not h	ave income from any other source.			
Name of Source	Address	Description of Income		
Part 6-A. Compensation Income of Im	mediate Family Members			
-	of your immediate family received inco	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		
Northan Sanborn Director of Brewing Ops	Rising Tide Brewing Co 103 Fox St Portland Me 19101	brewing beer-		
Ancoror of Diewing of s	Portland Me 04101			
Part 6-B. Other Sources of Income of	<u> </u>			
None. Check this box if no members other source.	of your immediate family received inco	me 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	liabilities.				
Lender's Name	L. L.	ender's Address	Principal Type of Economic or Business Activity of Lender			
Part 8. Gifts, Including Travel ar	nd Accommodations					
✓ None. Check this box if you did						
Source of Gift			Source of Gift			
1.		2.				
3.		4.				
Part 9. Honoraria						
None. Check this box if you did i	not receive honoraria	•				
Source of Honora	aria - Aria		Source of Honoraria			
1.		2.				
3.		4.				
Part 10. Positions in Political Acti	ion, Ballot Question	or Party Commit	tees			
□ None. Check this box if you and or fundraiser of a PAC, BQC, or F		y were not a treasi	urer, or principal officer, decision-maker			
Name of Committee	Name of Official or	Family Member	Title			
1. Maine brewers Guild PAC	Heather Sanborn		Treasurer. (resigned 3/16)			
2.						
3.						

Part 11. Conducting Business w	ith State Agencies			
None. Check this box if neither y	ou nor your immedi	ate family did busine	ss with any State a	gency.
Name of Agency	Name of Individ	dual/Organization ds or Services	ence escapeane	Good or Services
Part 12. Representing Others Be None. Check this box if neither	-		ed another before a	State agency
Name of Agency			ividual Receiving C	Continues of the second
Part 13. Positions in For-Profit and None. Check this box if you and non-profit organizations. Organization/Business and Address	_		hold positions in ar Relationship to Legislator	ny for-profit or Compensated Yes/No
Portland Development Corp	Board Member	Heather Sanboin	⊠ Self □ Spouse □ Dependent	No
Made Brewers Guild	Board Member	Heather Sanborn	ৰ্ঘ Self □ Spouse □ Dependent	N6
SailMaine	Development Committee Member	Heather Santour	□Self □ Spouse □ Dependent	N6
er de la page en de la page de la La page de la page de		ATURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE. Signature	O THIS REPORT AN	ND TO THE BEST O	F MY KNOWLEDG	17

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))



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AUG 1 0 2017

Maine Ethics Commission

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PHONE: 207-287-4179 FAX: 207-287-6775

UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Office & District Number:

HEATHER SANBOR	2N	Office & District Null	1 House <u>42</u>	2	☐ Senate
REQUIREMENT TO FILE AN UPD	ATED STATEMENT				
Legislators are required to update their staliabilities, or positions of the Legislator and (1 M.R.S.A. § 1016-G(2)(B)) Substantial comore; a new position in a political committed substantial changes in the information requiped not include information that you previous	the Legislator's spouse or on hanges include, but are not be or for-profit or non-profit on uired to be reported in the st	omestic partne limited to, a ne rganization; a i	r that occurs in th w employer or oth new unsecured lo	ne curr ner sou an of S	ent calendar year. urce of income of \$2,000 or \$3,000 or more; and other
PART 1. INCOME FROM EMPLOYM	MENT BY ANOTHER		Da	te of	Change:
Name and Address of Employer					
Principal Type of Economic or Business Activity of Employe	r:	Job Title:			
PART 2. INCOME FROM SELF-EM	PLOYMENT		Da	te of	Change:
Name and Address of Your Business:					
Principal Type of Economic or Business Activity:					
Name and Address of Customer/Client, if required:	A STATE OF THE STA		- F - F - F - F - F - F - F - F - F - F		
Customer/Client's Principal Type of Economic or Business A	activity:			*****	
PART 3. BUSINESS ENTITIES			Da	te of	Change:
Name and Address of Business:					
Principal Type of Economic or Business Activity:					
PART 4. INCOME FROM THE PRAC	CTICE OF LAW		Da	te of	Change:
Name and Address of Practice or Firm:					
Firm's Major Areas of Practice:	Your Major Areas of Practice:		Position (Partner, Asso	ciate, Sol	le Practitioner):
PART 5. INCOME FROM ANY OTH	ER SOURCE		Da	te of	Change:
Name and Address of Income Source:					
Description of Income:					

PARI 6-A. INCOME OF IN	MMEDIATE FAMILY MEMBER	(5	Date of Chang	e:	
Name of Family Member:		Job Title:			
Name and Address of Employer:		Employer's Principal Type of Economic or Business Activity:			
PART 6-B. OTHER SOUR	RCE OF INCOME OF IMMEDIA	ATE FAMILY MEMBE	RS Date of Chang	e:	
Name of Family Member:		Type of Income:			
Name and Address of Source of Income:					
PART 7. LOANS AND LIA	ABILITIES		Date of Chang	e:	
Lender's Principal Type of Economic or Busi	ness Activity:				
D					
Source of Gift:	ES TRAVEL AND ACCOMODA	Source of Gift:	Date of Chang	e:	
PART 9. HONORARIA			Date of Chang		
Source of Honoraria:	3, 30, 30, 30, 30, 30, 30, 30, 30, 30, 3	Source of Honoraria:			
	PACs, BQCs or PARTY	COMMITTEES	Date of Chang	je:	
Committee Name: One Port	land				
Name of Legislator or Family Member:		Title:	0 01:		
Heather S	sanborn (self		Co-Chair		
	BUSINESS WITH STATE AG	SENCIES	Date of Chang	e:	
Name of Agency:					
Name of Individual/Organization Selling Good	ds or Services:				
Description of Goods or Services:					
PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES Date of Change:					
Name of Agency:					
Name of Individual Receiving Compensation:					
PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS Date of Change:					
Name of Position Holder	Name and Address of	Title	S Date of Chang	Compensated	
Harre of Fosition Holder	Organization/Business	Title		Compensateu	
			□ Self	□ Yes	
			□ Spouse □ Dependent	□ No	
SIGNATURE I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.					
	, and an arrangement of the second of the se		Q.	/4/12	
- (V Q) d - L	 Signature			/ 7 / / <i>1</i> Date	
	Jigiiatuie			Dalt	