



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

HONE: 207-287-4179 FAX: 207-287-6775

Main 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 Toyce 8. McCreight	Office	House	☐ Senate
Mailing Address 155 Gua Point Rd	District No	umber 5 /	
City/Town, State, Zip Harpsure ME 04079	E-mail Ad		e grail.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.

Part 1. Income from	Employment	by Anoth	ner					
₩ None. Check this b	box if you did	not have ir	ncome from e	mployme	nt by anotl	ner.		
Name of Employer		Address Principal Type of Eco Business Activity of I				Job Title		
Part 2. Income from	Self-Employr	ment						
None. Check this beginning.	box if you did ı	not have ir	ncome from s	elf-emplo	yment.			
Name of Your Business/	Trade Name		Address			Principal Type of Economic or Business Activity		
Name of Client or Customer, if required (see instructions)							cipal Type of Economic usiness Activity of Client	
Part 3. Business Ent	fities							
□ None. Check this b		vour imme	ediate family o	did not ow	vn or contr	ol more tha	n 5% of anv business.	
Name of Busine			Address			Principa	al Type of Economic Business Activity	
Brynmogen Press		318 Beth Rd Brunswick ME 04011		211	Publishing			
Part 4. Income from	dha Dua ati a							
			come from the	e practice	of law			
Name of Practice or Firm	e. Check this box if you did not have income from the practice of la Practice or Firm Address Your Major Areas of Practice Fire		Firm's Major Areas Posit		Position: Partner, Associate, Sole Practitioner			

None. Check this box if you did not	have income from any other source.			
Name of Source	Address	Description of Income		
Marine State Rotirement	(FOROX 319 Augusta ME	Retirement Pension		
theriprise Fervices	45 Forest Falls Dr. Sute BI Garmouth, ME 84096	Investments		
art 6-A. Compensation Income of I None. Check this box if no membe employment or compensation.	mmediate Family Members rs of your immediate family received in	ncome 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		
Tim mecneight, President	Brynmorgen Press BIB Bath Rd Brunswick me 0401	Publishing, consulting		
other source.	rs of your immediate family received in	•		
Name of Spouse or Partner do not list name of dependent child)	Source of Income Name and Address	Type of Income		
Tim macreight	Davis Publications 50 Portland St. Worcester, MA	Royalties		
	Brick LLC	Rental Industry		

Part 7. Loans					
None. Check this box if you did	not have reportable	liabilities.			
Lender's Name		ender's Address	Principal Type of Economic or Business Activity of Lender		
Part 8. Gifts, Including Travel an	 d Accommodations				
None. Check this box if you did	not received any gift	S.			
Source of Gift			Source of Gift		
1.		2.			
3.		4.			
Part 9. Honoraria					
None. Check this box if you did r	not receive honoraria	•			
Source of Honora	ria		Source of Honoraria		
1.		2.			
3.		4.			
Part 10. Positions in Political Acti	on, Ballot Question	or Party Committ	ees quarrant management and a communication of the		
None. Check this box if you and or fundraiser of a PAC, BQC, or F		y were not a treasu	ırer, or principal officer, decision-maker		
Name of Committee	Name of Official or	Family Member	Title		
1.					
2.					
3.					

Part 11. Conducting Business with	th State Agencies				
None. Check this box if neither you	ou nor your immed	iate family did busine	ess with any State a	gency.	
Name of Agency		idual/Organization ods or Services	Description of Good or Services		
Part 12. Representing Others Bef	ore State Agencie	9 S			
None. Check this box if neither y	ou nor your immed	diate family represent	ed another before a	a State agency.	
Name of Agency		Name of Ind	ividual Receiving C	ompensation	
Part 13. Positions in For-Profit an ☐ None. Check this box if you and non-profit organizations. Organization/Business and Address			hold positions in an Relationship to Legislator	ny for-profit or Compensated Yes/No	
Brynmorgen Press 318 Bath Rd. Brunswick, ME 0491	Precident	M'Creight	□ Self	yes	
Brick LLC 318 Bosh Rd. Brunswick ME 04011	President	Timereight	□ Self	ne	
Masters Registry 317 Bath Rd Brunswick ME 04011	Secretary	Tin Moright	□ Self □ Spouse □ Dependent	NO	
		IATURE			
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE. Signature	THIS REPORT A	ND TO THE BEST O	F MY KNOWLEDG	E IT IS TRUE, 7 ate	
THE INTENTIONAL FILING	G OF A FALSE STATEM	ENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))	

ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.

Part Number	
13	Toolbox Initiative President spouse, not compercated 218 Bath Rd Timmeraget Toolbox Travel President spouse 318 Bath Rd. Timmeraget Brunswick me oyou
١3	Tool to k Traval President spouse 318 Buth Rd. Tim wereight yes Breaswick MS 04011 Gun Point Rd Assoc. President spouse Not conferent 155 Given Point Rd. Tim my of inter-
13	Com Point Rd ASCY TRUIDENT COURCE
13	155 Gen Point Rd. Tim mecréignt Not compersat Harris uson ne 04079 Gen Point Rd. Assoc Secretary 155 Gen Point Rd. Seed Not compersat Horps used, me 04079
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Mailing Address

City/Town, State, Zip

Name



Office

District Number

E-mail Address

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine WEBSITE: WWW.MAINE.GOV/ETHICS

House

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

☐ Senate

30-DAY UPDATE TO STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

REQUIREMENT	TO FILE AN UPDATED S	SIAIEM	ENI			is weare, Myen	
income, reportable occurs in the cur to, a new employ organization; a new reported in the information that	equired to update their state of le liabilities, or positions of trent calendar year. (1 M.F. yer or other source of incornew unsecured loan of \$3,0 e statement of sources of it you previously reported	f the Leg R.S.A. § 1 me of \$2, 000 or mo income. d.	islator and the 1016-G(2)(B)) ,000 or more; a ore; and other s	Legislator's spous Substantial chang new position in a substantial change	se or dom les includ for-profit es in the i	estic partner that e, but are not limited or non-profit nformation required to	
Part 1. Incom	e from Employment by A	nother		r			
Date of Change	Name of Employer	<i>P</i>	Address	Principal Type of Economic or Business Activity of Employer		Job Title	
Part 2. Incom	e from Self-Employment						
Date of Change	nge Name of Your Business/Trade Name		Address		Principal Type of Economic or Business Activity of Employer		
Part 3. Busine	ess Entities						
Date of Change	Name of Business	ime of Business		Address		Principal Type of Economic or Business Activity of Employer	
Part 4. Incom	e from the Practice of La	IW			·		
Date of Change	Name of Practice or Firm		Major Areas of Practice	Firm's Major Areas of Practice		Position: Partner, Associate, Sole Practitioner	
Part 5. Incom	e from Any Other Source	9					
Date of Change	Name of Source		Ado	dress	De	escription of Income	
				,			

Part 6-A. Compe	nsation Income of Spouse/Don	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 S	ources of Income of Spouse/D			
Date of Change	Name of Spouse/Domestic Partner	Source of Ind (Name & Add		Type of Income
Part 7. Unsecure	d Loans of \$3,000 or more			
Date of Change	Lender's Name	Lender's Ad	dress	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Incl	uding Travel and Accommodat	tions		
Date of Change	Source of Gift	Date of Cha	ange	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 Con	nmittees	
Date of Change	Name of Committee	Name of Official or F	amily Member	Title
Part 11. Conduct	ting Business with State Agend	cies		
Date of Change	Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Goods or Services
Part 12. Represe	enting Others Before State Age	ncies		
Date of Change	Name of Agency Individu		Individua	al Receiving Compensation
Part 13. Position	s in For-Profit and Non-Profit (Organizations		
Date of Change	Organization/Business and Address	Name of Position	on Holder	Compensated Yes/No
4/27/17	Tool box Travel	Tim micreight		yes
	S	SIGNATURE		
I CERTIFY THAT I CORRECT, AND C	HAVE EXAMINED THIS REPOR OMPLETE.	RT AND TO THE BE	EST OF MY K	NOWLEDGE IT IS TRUE,
	1. Emerresal	X		4/29/17
()	Signature		<u></u>	Date
т	HE INTENTIONAL FILING OF A FALSE STA	TEMENT IS A CLASS E (CRIME. (1 M.R.S.A	A. § 1016-G(3)(B))