



**Received**  
 FEB 03 2017  
 Maine Ethics Commission

**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

**STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS**

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

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

|   |  |
|---|--|
| Name<br><i>Ryan M Fecteau</i>                       | Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>23 Western Ave, Apt. 101</i>  | District Number<br><i>11</i>   |
| City/Town, State, Zip<br><i>Biddeford, ME 04005</i> | E-mail Address<br><i>57fecteau@cva.edu</i>                                       |

**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.

**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                              |
|-------------------------|-----------------------------|---|--|
| Good Shepherd Food Bank | 3121 Hotel Rd<br>Auburn, ME | Non-Profit  | Communications & Marketing Coordinator |
|                         |                             |   |  |

**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           |
|--|---------|---|
|  |         |   |
|  |         |   |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
|  |         |   |
|  |         |   |

**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 |
|--------------------------|---------|------------------------------|--------------------------------|---|
|                          |         |                              |                                |   |
|                          |         |                              |                                |   |

**Part 5. Income from Any Other Source** 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** 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<br>(do not list name of dependent child) | Employer's Name and Address | Principal Type of Economic or<br>Business Activity of Employer |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |

**Part 6-B. Other Sources of Income of Immediate Family Members** 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<br>(do not list name of dependent child) | Source of Income<br>Name and Address | Type of Income |
|--|--------------------------------------|----------------|
|  |                                      |                |
|  |                                      |                |
|  |                                      |                |

**Part 7. Loans** 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** None. Check this box if you did not received any gifts.

| Source of Gift | Source of Gift |
|----------------|----------------|
| 1.             | 2.             |
| 3.             | 4.             |

**Part 9. Honoraria** None. Check this box if you did not receive honoraria.

| Source of Honoraria | Source of Honoraria |
|---------------------|---------------------|
| 1.                  | 2.                  |
| 3.                  | 4.                  |

**Part 10. Positions in Political Action, Ballot Question or Party Committees** 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.                |                                   |       |
| 3.                |                                   |       |

**Part 11. Conducting Business with State Agencies**

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**

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 |
|----------------|---|
|                |   |
|                |   |
|                |   |

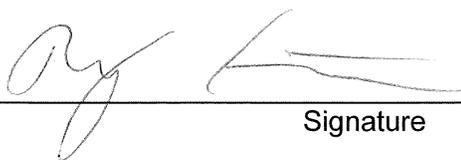
**Part 13. Positions in For-Profit and Non-Profit Organizations**

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 Holder | Relationship to Legislator  | Compensated Yes/No |
|-----------------------------------|--------------------|-------------------------|---|--------------------|
| Biddeford Mills Museum            | Board of Directors | Ryan Fecteau            | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | NO                 |
|                                   |                    |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent            |                    |
|                                   |                    |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent            |                    |

**SIGNATURE**

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

  
 \_\_\_\_\_  
 Signature

01/05/17  
 \_\_\_\_\_  
 Date



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

|   |   |
|---|---|
| Name<br><i>Ryan Fecteau</i>                         | Office<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>23 Western Ave Apt. 101</i>   | District Number<br><i>11</i>  |
| City/Town, State, Zip<br><i>Biddeford, ME 04005</i> | E-mail Address<br><i>57fecteau@cua.edu</i>  |

**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 and the Legislator's spouse or domestic partner 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 of \$2,000 or more; a new position in a for-profit or non-profit organization; a new unsecured loan of \$3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only **new** information. **Do not include information that you previously reported.**

**Part 1. Income from Employment by Another**

| Date of Change  | Name of Employer    | Address                             | Principal Type of Economic or Business Activity of Employer | Job Title                 |
|-----------------|---------------------|-------------------------------------|---|---------------------------|
| <i>04/20/17</i> | <i>Flip's of ME</i> | <i>254 Main St<br/>Ogunquit, ME</i> | <i>Retail</i>   | <i>Dir. of Operations</i> |

**Part 2. Income from Self-Employment**

| Date of Change  | Name of Your Business/Trade Name | Address   | Principal Type of Economic or Business Activity of Employer |
|-----------------|----------------------------------|---|---|
| <i>04/20/17</i> | <i>Scif (see attached)</i>       | <i>23 Western Ave, Apt. 101<br/>Biddeford, ME 04005</i> | <i>Marketing consulting</i>                                 |

**Part 3. Business Entities**

| Date of Change | Name of Business | Address | Principal Type of Economic or Business Activity of Employer |
|----------------|------------------|---------|---|
|                |                  |         |   |

**Part 4. Income from the Practice of Law**

| Date of Change | Name of Practice or Firm | Your Major Areas of Practice | Firm's Major Areas of Practice | Position: Partner, Associate, Sole Practitioner |
|----------------|--------------------------|------------------------------|--------------------------------|---|
|                |                          |                              |                                |   |

**Part 5. Income from Any Other Source**

| Date of Change | Name of Source | Address | Description of Income |
|----------------|----------------|---------|-----------------------|
|                |                |         |                       |

*Please call the Commission staff 207-287-4179 if you have any questions.  
Attach additional pages if necessary.*

Part 2. Income from Self-Employment

| Name of Client or Customer, if required<br>(see instructions) | Address                                      | Principal Type of Economic<br>or Business Activity of Client |
|---|--|--|
| John Ranco  | 111 Perkins Street, #201<br>Boston, MA 02130 | Real Estate  |
|   |  |  |

**Part 6-A. Compensation Income of Spouse/Domestic 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 Sources of Income of Spouse/Domestic Partner**

| Date of Change | Name of Spouse/Domestic Partner | Source of Income (Name & Address) | Type of Income |
|----------------|---------------------------------|-----------------------------------|----------------|
|                |                                 |                                   |                |

**Part 7. Unsecured Loans of \$3,000 or more**

| Date of Change | Lender's Name | Lender's Address | Principal Type of Economic or Business Activity of Lender |
|----------------|---------------|------------------|---|
|                |               |                  |   |

**Part 8. Gifts, Including Travel and Accommodations**

| Date of Change | Source of Gift | Date of 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 Question or Party Committees**

| Date of Change | Name of Committee | Name of Official or Family Member | Title |
|----------------|-------------------|-----------------------------------|-------|
|                |                   |                                   |       |

**Part 11. Conducting Business with State Agencies**

| Date of Change | Name of Agency | Name of Individual/Organization Selling Goods or Services | Description of Goods or Services |
|----------------|----------------|---|----------------------------------|
|                |                |   |                                  |

**Part 12. Representing Others Before State Agencies**

| Date of Change | Name of Agency | Individual Receiving Compensation |
|----------------|----------------|-----------------------------------|
|                |                |                                   |

**Part 13. Positions in For-Profit and Non-Profit Organizations**

| Date of Change | Organization/Business and Address | Name of Position Holder | Compensated Yes/No |
|----------------|-----------------------------------|-------------------------|--------------------|
|                |                                   |                         |                    |

**SIGNATURE**

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

  
\_\_\_\_\_  
Signature

04/25/2017  
Date