



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Received  
JAN 22 2019  
Maine Ethics Commission

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS WHO ARE LEAVING OFFICE IN 2018

2018 Calendar Year: January 1, 2018 - December 31, 2018

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

Name <b>KEVIN J BATTLE</b>	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing Address <b>83 Sandy Hill Road</b>	District Number <b>33</b>
City/Town, State, Zip <b>South Portland ME 04106</b>	E-mail Address <b>KBATTLE688@ADL.COM</b>

FILING DEADLINE

Please file this statement with the Maine Ethics Commission by 5:00 p.m., Tuesday, January 22, 2019.

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- Complete all sections. If a section is not applicable, check the box labeled "None" for that section.
- A glossary is located in the back of this form.
- If completing this form by hand, PLEASE WRITE LEGIBLY. DO NOT USE 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 should not be reported.
- Campaign contributions and Maine Clean Election Act payments should 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.

IMPORTANT NOTICE: 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)) Updated statement forms are available at [www.maine.gov/ethics](http://www.maine.gov/ethics) or by calling the Commission. 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
Maine State Legislature	State House Augusta, ME	Government	Legislator
BOARD of Harbor COMMISSIONERS	2 PORTLAND FISH PIER SUITE 105 PORTLAND, ME 04101	HARBOR PUBLIC SAFETY	HARBOR MASTER

**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 recipient 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 Fiance or Spouse	Address	Your Major Role in Practice	Time Worked (in hours)	Partner, Partner-At-Large, Sole Proprietor

**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
South Portland School BUS Transportation Dep.	Highland Ave South Portland, ME. 04106	Part Time School Bus Driver
U.S. Coast Guard Retirement	U.S. Coast Guard Pay & Personnel Center 444 Quincy St. Topeka KS 66683-3591	Retirement
MAINE PERS Public Employers Retirement	PO Box 349 Augusta ME 04302-0349	Retirement

**Part 5A: 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 (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
Liberty Mutual Ins. Kathy Battle Commercial Lines Underwriting Specialist	Liberty Mutual Ins 175 Lunning Hill Rd So Portland ME 04106	Salary
Kathy Battle Retirement	Aetna Retirement 51 Farmington Ave Hartford CT 06156	Retirement

**Part 5B: 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 Source or Payer (do not list name of dependent child)	Source of Income Name and Address	Type of Income

Part 7 - Liabilities

None. Check this box if you did not have reportable liabilities.

Lender Name	Lender's Address	Principal Type of Corporation or Business Activity or Other

Part 8 - Gifts, including Travel and Accommodations

None. Check this box if you did not receive 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 Officer or Family Member	Title
1.		
2.		
3.		

**Part II - 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 Receiving Goods or Services	Description of Good or Services

**Part III - 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 IV - 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)
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <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

01-21-19  
 \_\_\_\_\_  
 Date