



Received  
 JAN 23 2019  
 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  
 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<br><i>Jonathan Kinney</i>                     | Office<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>179 Beaver Berry RD</i>      | District Number<br><i>22</i>  |
| City/Town, State, Zip<br><i>Limington Me 04049</i> | E-mail Address<br><i>RepKinney@gmail.com</i>  |

**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<br>Augusta, ME | Government  | Legislator |
|                         |                            |   |            |

**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           |
|--|--------------------------------------|---|
| CUSTOM DIRT  | 179 Beaver Berry Rd<br>Limaington Me | MANUFACTURER  |
| Jon + Rena Enterprises                                     | " "                                  | Property Management                                       |
| Name of Client or Customer, if required (see instructions) | Address                              | Principal Type of Economic or Business Activity of Client |
| Jon + Rena   |                                      |   |
|  |                                      |   |

**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 |
|------------------------|--|---|
| Jon + Rena Enterprises | 179 Beaver Berry Rd<br>Limaington Me 04041 | Property Management                             |
|                        |  |   |

**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 Business Activity of Employer |
|---|-------------------------------|---|
| Rena Kinney   | Mercy Hospital<br>Portland Me | RADIOLOGIST   |
|   |                               |   |
|   |                               |   |

**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 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 Official or Family Member | Title    |
|--------------------------------|-----------------------------------|----------|
| 1. Limington<br>GOP Town chair | Jonathan Kinney                   | Chair    |
| 2. Limington<br>GOP Delegate   | Rena Kinney                       | Delegate |
| 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 |
|-----------------------------------|-------|-------------------------|--|--------------------|
|                                   |       |                         | <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 |                    |
|                                   |       |                         | <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

1-5-19  
Date

## 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 |  |
|-------------|--|
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |