



**Received**  
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 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><b>CHRIS A. JOHANSEN</b>                    | Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><b>462 FLETCHER RD</b>           | District Number<br><b>145</b>  |
| City/Town, State, Zip<br><b>MONTICELLO ME 04760</b> | E-mail Address<br><b>CHRISJOHANSEN145@AOL.COM</b>                                |

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

**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 |
|------------------------------------|---|---|
| CINDY JOHANSEN<br>COMMERCIAL BLDG. | 4088 ST. RT. 28<br>BOICEVILLE, NY 12412 | OFFICE SPACE RENTAL                             |
|                                    |   |   |

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

**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    |
|--|--|-------------------|
| Cindy Johansen   | Commercial Bldg<br>4088 ST. RT. 28<br>Boiceville, NY 12412 | RENTAL of Offices |
|  |  |                   |
|  |  |                   |

| Part 7. Loans  |   |   |
|--|---|---|
| <input type="checkbox"/> 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 |
| Chrysler Capital   | PO Box 961275<br>FT. Worth, TX 76161-1275 | CAR LOAN  |
|  |   |   |
| Part 8. Gifts, Including Travel and Accommodations   |   |   |
| <input checked="" type="checkbox"/> None. Check this box if you did not received any gifts.  |   |   |
| Source of Gift   | Source of Gift                            | Source of Gift  |
| 1.   | 2.  |   |
| 3.   | 4.  |   |
| Part 9. Honoraria  |   |   |
| <input checked="" type="checkbox"/> None. Check this box if you did not receive honoraria.   |   |   |
| Source of Honoraria  | Source of Honoraria                       | Source of Honoraria                                       |
| 1.   | 2.  |   |
| 3.   | 4.  |   |
| Part 10. Positions in Political Action, Ballot Question or Party Committees  |   |   |
| <input type="checkbox"/> 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. AROOSTOOK COUNTY<br>Republican Committee  | Cindy Johansen                            | SECRETARY   |
| 2. AROOSTOOK COUNTY<br>Republican Committee  | Chris Johansen                            | Southern Vice Chair                                       |
| 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 |
|----------------|---|
|                |   |
|                |   |
|                |   |

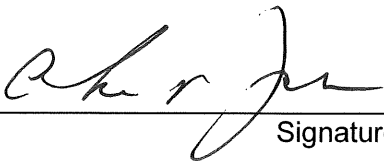
**Part 13. Positions in For-Profit and Non-Profit Organizations**

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 |
|---|-------------|-------------------------|---|--------------------|
| Monticello Fish & Game  | Director    | Cindy Johansen          | <input type="checkbox"/> Self<br><input checked="" type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | No                 |
| Hat Creek Ranch, LLC<br>462 Fletcher Rd<br>Monticello         | Sole Member | Cindy Johansen          | <input type="checkbox"/> Self<br><input checked="" type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | No                 |
| Hat Creek Arms, LLC<br>462 Fletcher Rd<br>Monticello ME 04760 | Sole Member | Chris Johansen          | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | No                 |

**SIGNATURE**

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

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date