



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

Received
FEB 03 2017
STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS
Maine Ethics Commission
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: Harold Stewart III
Office: [X] House [ ] Senate
Mailing Address: 303 State St.
District Number: 147
City/Town, State, Zip: Presque Isle, ME 04769
E-mail Address: Stewartforpresqueisle@gmail.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.

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
City of Presque Isle Presque Isle Fire Department	12 2 <sup>nd</sup> St. Presque Isle, ME 04769	Firefighter	Paid Call Firefighter
Maine State Legislature	5 State House Station, Augusta, ME 04433	Government	State Representative

**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
<i>Office of Congressman Poliquin</i>		

**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 (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 (do not list name of dependent child)	Source of Income 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. <i>American Legislative Exchange Council</i>	2. <i>American-Israeli PAC</i>
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

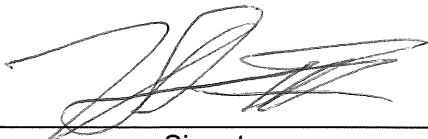
**Part 13. Positions in For-Profit and Non-Profit Organizations**

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
			<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

1-26-17

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	
1	<i>Office of Congressman Poliquin, 631 Main St., Suite #2, Presque Isle, ME 04769, Government, Paid Intern</i>



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AUG 16 2017
Maine Ethics Commission

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UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: HAROLD LLOYD STEWART III
Office & District Number: [X] House 147 [ ] Senate

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of income 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 political committee or 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 and Address of Employer
Principal Type of Economic or Business Activity of Employer:
Job Title:

PART 2. INCOME FROM SELF-EMPLOYMENT

Date of Change:

Name and Address of Your Business:
Principal Type of Economic or Business Activity:
Name and Address of Customer/Client, if required:
Customer/Client's Principal Type of Economic or Business Activity:

PART 3. BUSINESS ENTITIES

Date of Change:

Name and Address of Business:
Principal Type of Economic or Business Activity:

PART 4. INCOME FROM THE PRACTICE OF LAW

Date of Change:

Name and Address of Practice or Firm:
Firm's Major Areas of Practice:
Your Major Areas of Practice:
Position (Partner, Associate, Sole Practitioner):

PART 5. INCOME FROM ANY OTHER SOURCE

Date of Change:

Name and Address of Income Source:
Description of Income:

**PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS**

Date of Change:

Name of Family Member:	Job Title:
Name and Address of Employer:	Employer's Principal Type of Economic or Business Activity:

**PART 6-B. OTHER SOURCE OF INCOME OF IMMEDIATE FAMILY MEMBERS**

Date of Change:

Name of Family Member:	Type of Income:
Name and Address of Source of Income:	

**PART 7. LOANS AND LIABILITIES**

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

**PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)**

Date of Change:

Source of Gift:	Source of Gift:
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**PART 9. HONORARIA**

Date of Change:

Source of Honoraria:	Source of Honoraria:
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**PART 10. POSITIONS IN PACs, BQCs OR PARTY COMMITTEES**

Date of Change:

Committee Name: STAR CITY PAC	
Name of Legislator or Family Member: HAROLD LLOYD STEWART III	Title: PRINCIPAL OFFICER

**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:
Name of Individual Receiving Compensation:

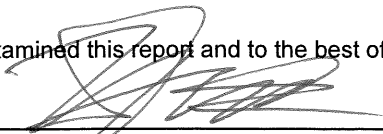
**PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS**

Date of Change:

Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE**

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.



Signature

8/16/17

Date





COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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PART 1. INCOME FROM EMPLOYMENT BY ANOTHER

Date of Change: Aug 2017

Name and Address of Employer: Alere Scarborough, 10 Southgate Rd Scarborough, ME 04074
Principal Type of Economic or Business Activity of Employer: Temporary Internship
Job Title: Intern

PART 2. INCOME FROM SELF-EMPLOYMENT

Date of Change:

Name and Address of Your Business:
Principal Type of Economic or Business Activity:
Name and Address of Customer/Client, if required:
Customer/Client's Principal Type of Economic or Business Activity:

PART 3. BUSINESS ENTITIES

Date of Change:

Name and Address of Business:
Principal Type of Economic or Business Activity:

PART 4. INCOME FROM THE PRACTICE OF LAW

Date of Change:

Name and Address of Practice or Firm:
Firm's Major Areas of Practice:
Your Major Areas of Practice:
Position (Partner, Associate, Sole Practitioner):

PART 5. INCOME FROM ANY OTHER SOURCE

Date of Change:

Name and Address of Income Source:
Description of Income:

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

**PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS**

Date of Change:

Name of Family Member:	Job Title:
Name and Address of Employer:	Employer's Principal Type of Economic or Business Activity:

**PART 6-B. OTHER SOURCE OF INCOME OF IMMEDIATE FAMILY MEMBERS**

Date of Change:

Name of Family Member:	Type of Income:
Name and Address of Source of Income:	

**PART 7. LOANS AND LIABILITIES**

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

**PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)**

Date of Change:

Source of Gift:	Source of Gift:
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**PART 9. HONORARIA**

Date of Change:

Source of Honoraria:	Source of Honoraria:
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Date of Change:

Committee Name:	
Name of Legislator or Family Member:	Title:

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Date of Change:

Name of Agency:
Name of Individual/Organization Selling Goods or Services:
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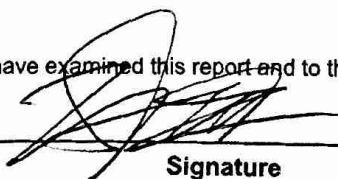
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Date of Change:

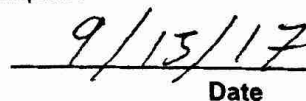
Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE**

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.



Signature



Date