



Received
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 COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Maine Ethics Commission

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 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 James R Handy | Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address 9 Maplewood Rd | District Number 59 |
| City/Town, State, Zip Lewiston, ME 04240 | E-mail Address jim.handy@megalink.net |

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 |
|-------------------|------------------------------|---|---------------------------------|
| L.L.Bean, Inc | Casco St, Freeport, ME | Retail Sales | Customer Service Representative |
| Maine Legislature | State St., Augusta, ME 04333 | Public Office | 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 |
|-------------------|-------------------------------------|-----------------------|
| Hearst Television | 4 LEdgeview Dr. Westbrook, ME 04092 | Salary |
| | | |
| | | |

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 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. | | |
| 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 |
|----------------|---|
| | |
| | |
| | |

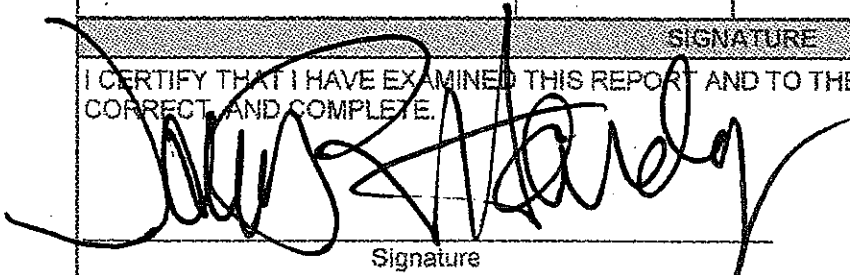
Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

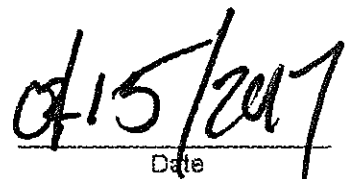
| Organization/Business and Address | Title | Name of Position Holder | Relationship to Legislator | Compensated Yes/No |
|--|------------------------------|-------------------------|---|--------------------|
| Literacy Volunteers - Androscoggin 15 Sacred Heart Pl Auburn, ME 04210 | Director | James R Handy | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | no |
| Literacy Volunteers - Androscoggin 15 Sacred Heart Pl Auburn, ME 04210 | Director, Chair of the Board | Sharon D Handy | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent | no |
| IATSE Local 926 4 Ledgeview Dr. Westbrook, ME 04092 | President | Sharon D Handy | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent | \$500 |

SIGNATURE

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



Signature



Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))