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Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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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.

Form with fields for Name (Ralph Chapman), Office (House checked), Mailing Address (455 Varnumville Road), District Number (133), City/Town, State, Zip (Brooksville, ME 04617), and E-mail Address (chapmanhd133@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!

INSTRUCTIONS: Part 1. Income from Employment by Another

If you were a full or part time employee of any public or private organization (including the Legislature) and received compensation during the reporting year of \$2,000 or more, list your job title, and the name, address, and principal type of economic or business activity of the employer. Do not include information about self-employment or the practice of law in this section.

EXAMPLE: Jane is currently serving as a State Senator. She is also employed by Pine Tree Counseling Services as a counselor and earns more than \$2,000 per year.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
<i>Pine Tree Counseling Services</i>	<i>201 Main Street, Pine Tree City, ME</i>	<i>Counseling Services</i>	<i>Counselor</i>
<i>Maine State Legislature</i>	<i>3 State House Station, Augusta, ME</i>	<i>Government</i>	<i>State Senator</i>

INSTRUCTIONS: Part 2. Income from Self-Employment

If you sold goods or provided services to others during the reporting year, list the name, address, and principal type of economic activity of your business. If your business does not have a name, list the name under which you provide goods and/or services. If the amount you received from any client or customer was more than \$2,000 or more than 10% of your gross income from self-employment during the year, whichever is greater, list the name, address, and principal type of economic or business activity of the client or customer. If this type of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic or business activity of the client or customer.

EXAMPLE: Jane has a business that supplies rough cut timber. Last year the business grossed \$30,000. Robert Thompson bought four orders of lumber at \$1,000 per order—\$4,000 in total. Joan Hill bought \$2,000 worth of lumber. Because her business made \$30,000 during the reporting period, she must only report those clients who represent more than 10% or \$3,000, of her income from self-employment.

Name of Your Business/Trade name	Address of Business	Principal Type of Economic or Business Activity
<i>Smith's Lumber Co.</i>	<i>123 Main Street, Pine Tree City, Maine</i>	<i>Rough Cut Timber Milling</i>
Name of Customer or Client, if required (see instructions).	Address	Principal Type of Economic or Business Activity of Client
<i>Robert Thompson</i>	<i>456 Main Street, Pine Tree City, Maine</i>	<i>Carpenter</i>

INSTRUCTIONS: Part 3. Business Entities

List the name, address and principal economic or business activity of any corporation, partnership, limited liability company or other business entity in which you or the members of your immediate family, own or control, directly or indirectly, more than 5% of the outstanding equity, individually or in the aggregate, if the business had revenue of \$2,000 or more during the calendar year.

EXAMPLE: Jane's spouse is the sole member of a limited liability company which receives revenue of more than \$2,000 each year by leasing office suites in an office building it owns.

Name of Business	Address	Principal Type of Economic or Business Activity
<i>123 Broad Street LLC</i>	<i>456 Elm Street, Pine Tree City, Maine</i>	<i>Leasing of office space</i>

INSTRUCTIONS: Part 4. Income from the Practice of Law

List the name, address, and major areas of practice for all sources of income of \$2,000 or more derived from the practice of law. If you are a member of a firm, partnership, or limited liability company, list the major areas of practice for that entity. In addition, state whether you are a sole practitioner, partner, associate, or shareholder.

EXAMPLE: Last year, Jane was a sole practitioner. Her labor law practice earned more than \$2,000.

Name of Firm or Practice	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
<i>The Law Office of Jane Smith</i>	<i>789 Elm Street, Pine Tree City, Maine</i>	<i>Labor Law</i>	<i>N/A</i>	<i>Sole Practitioner</i>

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	3 State House Station Augusta ME 04333	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

INSTRUCTIONS: Part 5. Income from Any Other Source

Include in this section any source of income of \$2,000 or more not listed in Parts 1, 2, or 3 which you received during the reporting year, such as investments, sales of property, or retirement benefits. Please see the glossary for examples of income that must be reported. Include income received "in-kind" as well as regular income.

Income **does not** include alimony, child support or similar support payments, campaign contributions, gifts or honoraria. Income also does not include funds or other property held in trust for another such as fees that are paid in advance or money to be spent on behalf of a client for a licensing or filing fee.

Do not include income received by immediate family members. Report immediate family members' income in Parts 6-A & 6-B.

EXAMPLE: Jane has investments in a mutual fund with Global Investment, LLC. The mutual fund paid quarterly dividends to Jane that added up to more than \$2,000 over the course of the reporting year. In addition, Jane receives a monthly pension payment from her prior job as a school teacher.

Name of Source	Address	Description of Income
<i>Global Investment, LLC</i>	<i>One Copley Plaza, Boston, MA</i>	<i>Mutual fund</i>
<i>Maine Public Employees Retirement System</i>	<i>46 State House Station, Augusta, Maine</i>	<i>Pension</i>

INSTRUCTIONS: Part 6-A. Compensation Income of Immediate Family Members

List the name, address, and principal type of economic or business activity for each entity representing income of \$2,000 or more **derived through employment or compensation** by any member of your immediate family. Include all income received through employment by another, self-employment, or the practice of law.

Include the job title **and** name of the **spouse or domestic partner** receiving income. Include the job title of the dependent child receiving income, but **do not** include the dependent child's name. Instead write "dependent" in the section for name.

EXAMPLE: Jane's spouse is an attorney with Smith & Jones. He earned more than \$2,000 in the previous year practicing law. Jane's dependent daughter worked as a lifeguard during the summer of the previous year, earning more than \$2,000.

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
<i>John Smith, Attorney</i>	<i>Smith & Jones, L.L.P. 28 Hollywood Drive, Raymond, Maine</i>	<i>Worker's Comp., Personal Injury, Probate/ Wills</i>
<i>Dependent, Lifeguard</i>	<i>Pine Tree YMCA 202 Main Street, Pine Tree City, Maine</i>	<i>Fitness</i>

INSTRUCTIONS: Part 6-B. Other Source of Income of Immediate Family Members

List the name, address, and type of income for each source of income not listed in Part 5-A which represents \$2,000 or more received by any member of your immediate family. Include the name of the spouse or domestic partner receiving income.

Do not include the name of a dependent child receiving income. Instead, write "dependent" in the section for name.

EXAMPLE: Jane's oldest daughter was given money to be held in trust until her 16th birthday. Now that she has turned 16, the trust is issuing payments to her. Over the course of the year, the payments add up to more than \$2,000. Jane's spouse lost his job and is receiving unemployment benefits. Last year, he received more than \$2,000 in benefits.

Name of Spouse or Partner (do not list name of dependent child)	Source's Name and Address	Type of Income
<i>Dependent</i>	<i>Union Life Insurance Co., One Copley Plaza, Boston, MA</i>	<i>Trust distribution</i>
<i>John Smith</i>	<i>Maine Dept. of Labor</i>	<i>Unemployment Benefits</i>

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
TIAA-CREF	8500 Andrew Carnegie Blvd Charlotte NC 28262	retirement
Maine State Legislature	3 State House Station Augusta ME 04333	constituent allowance
Cetera Advisors, LLC	4600 South Syracuse Street, Suite 600 Denver CO 80237	investment

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
Rebecca Poole, Visual Arts Specialist	Town of Surry, PO Box 147 Surry ME 04684	elementary education

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

INSTRUCTIONS: Part 7. Loans and Liabilities

If you received any loan of \$3,000 or more during the reporting year that was not secured by collateral (e.g., mortgage, car loan), list the name, address, and principal type of economic or business activity of the lender. For more information concerning what loans and liabilities must be reported, please see the definition of reportable liability in the glossary.

EXAMPLE: Jane borrowed \$5,000 from Carl Smith, a friend, to pay for an addition of a deck to her house.

Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
<i>Carl Smith</i>	<i>201 Main Street, Pine Tree City, Maine</i>	<i>Accountant</i>

INSTRUCTIONS: Part 8. Gifts, Including Travel and Accommodations

List each source from which you received a gift or gifts with a total value of more than \$300 during the reporting year. If a person or organization has spent more than \$300 in the year to finance your travel, meals, or accommodations, their payments are considered a gift which must be reported. See the glossary for goods and services which are **not** considered a gift.

EXAMPLE: Jane was invited to speak at a conference on utilities regulation held by the U.S. New Energy Association. The association paid her travel and hotel expenses, which were \$800. Because the cost of travel and lodging was more than \$300, it is a gift and must be disclosed.

Source of Gift	Source of Gift
1. <i>U.S. New Energy Association</i>	2.

INSTRUCTIONS: Part 9. Honoraria

List all sources of honoraria of \$2,000 or more you received during the reporting year. "Honoraria" means a payment of money or anything with resale value received for an appearance or speech by you in your official capacity. See the glossary for more information concerning honoraria.

EXAMPLE: Jane was paid to speak at the national conference on proposed corporate tax legislation in Maine.

Source of Honoraria	Source of Honoraria
1. <i>National Federation of Independent Businesses</i>	2.

INSTRUCTIONS: Part 10. Positions in Political Action, Ballot Question or Party Committees

List the name of each political action committee, ballot question committee, or political party committee for which you or a member of your immediate family were the treasurer, a principal officer, fundraiser or decision-maker.

EXAMPLE: Jane Smith was a principal officer in a ballot question committee that is active in a bond referendum. Her husband was the treasurer of the Falmouth Republican Committee.

Name of Committee	Name of Official or Family Member	Title
1. <i>Improve Maine's Economy PAC</i>	Jane Smith	Principal Officer
2. <i>Falmouth Republican Committee</i>	John Smith	Treasurer

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.		

INSTRUCTIONS: Part 11. Conducting Business with State Agencies

List each State agency, board or commission to which you or an immediate family member or an associated organization rented, leased or sold goods or services for more than \$10,000 during the reporting period. Include the name of the individual or organization conducting business with the agency and a description of the goods or services.

EXAMPLE: Jane's spouse is the vice-president for operations of a large software developer. Last year, the company received \$250,000 from the Department of Environmental Protection for developing custom software.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Goods or Services
<i>Dept. of Environmental Protection</i>	<i>Acme Technology, Inc.</i>	<i>Custom software application</i>

INSTRUCTIONS: Part 12. Representing Others before State Agencies

If you, or a member of your immediate family, appeared for, represented, or assisted any person or client before a State agency for compensation, list the State agency and the person receiving the compensation for the representation or assistance.

EXAMPLE: Jane's spouse, an attorney, received \$5,000 for representing a client before the Department of Health and Human Services in an appeal of a disability determination.

Name of Agency	Name of Individual Receiving Compensation
<i>Department of Health and Human Services</i>	<i>John Smith</i>

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

List any for-profit or non-profit corporation, firm, association, limited liability company, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature in the reporting year, and indicate whether the position was compensated or uncompensated.

Reportable positions include, but are not limited to:

- Director
- Partner
- Trustee
- Officer of any type
- Member of limited liability company
- President
- Chair of board
- Treasurer
- Secretary
- Board member

A clerk of a corporation or a registered agent authorized to receive service of any process, notice or other demand for a business entity is not considered a position with the corporation or business entity.

EXAMPLE:

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
<i>Kennebec Historical Society 107 Winthrop Street Augusta, Maine 04330</i>	<i>Director</i>	<i>Jane Smith</i>	<input type="checkbox"/> <i>Self</i> <input type="checkbox"/> <i>Spouse</i> <input type="checkbox"/> <i>Dependent</i>	<i>No</i>
<i>Community Ventures, LLC 2941 Fairview Park Drive Pine Tree City, Maine, 232042</i>	<i>Member</i>	<i>John Smith</i>	<input type="checkbox"/> <i>Self</i> <input type="checkbox"/> <i>Spouse</i> <input type="checkbox"/> <i>Dependent</i>	<i>Yes</i>

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
Bridge Year Educational Services, Inc 200 Hogan Road Bangor ME 04401	Secretary/Treasurer	Ralph Chapman	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	No
New Surry Repertory Theatre & Acting School, Inc PO Box 1597 Blue Hill ME 04614	Vice President	Ralph Chapman	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	No
			<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

February 13, 2017

 Date