



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

RECEIVED
FEB 15 2013
Maine Ethics Commission

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 2012 Calendar Year: January 1, 2012 - December 31, 2012

Check here if this statement is an update or amendment of a previously filed statement.

Name ROBERT J. SAUCIER	Office <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing Address 117 LOMBARD ST	District Number 5
City/Town, State, Zip PRESQUE ISLE , MAINE. 04769	E-mail Address saucierforpi@gmail.com

FILING DEADLINES

CURRENT LEGISLATORS: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

LEGISLATORS LEAVING OFFICE: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

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.
- 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 duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- 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.

Please call the Commission staff 207-287-4179 if you have any questions.

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
SOCIAL SECURITY ADM	365 MAIN ST PRESQUE ISLE ME 04769	FEDERAL GOVERNMENT	CLAIMS REPRESENTATIVE
MAINE LEGISLATURE	2 STATE HOUSE STATION AUGUSTA ME 04333	STATE OF MAINE	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
THE PADDOCK CAFE	84 MECHANIC ST PRESQUE ISLE, ME. 04769	FOOD CONCESSION
THE PADDY WAGON	84 MECHANIC ST PRESQUE ISLE, ME. 04769	FOOD CONCESSION
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

Part 3. Revenue of Business Entities None. Check this box if you and your immediate family did not have a majority share in a 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	Type of Income
U.S. OFFICE OF PERSONNEL MANAGEMENT CIVIL SERVICE RETIREMENT SYSTEM	P.O. BOX 45 BOYERS, PA. 16017	RETIREMENT
THRIFT SAVINGS PLAN	P.O. BOX 385021 BIRMINGHAM, AL. 35238	401K
VETERANS ADMINISTRATION	TOGUS, MAINE. 04330	DISABILITY

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
ANNA SAUCIER-ED TECH	LIMESTONE SCHOOL DEPT LIMESTONE MAINE 04750	EDUCATION
ANNA SAUCIER-BEHAVIORAL SPECIALIST	ADDISON POINT HOULTON MAINE 04730	LIFE SKILLS

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.	2.
3.	4.

Part 9. Honoraria None. Check this box if you did not received honoraria.

Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

Part 10. Positions in Political Action or Ballot Question Committees None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.

Name of Committee	Title
1.	
2.	

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 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"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<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.

Robert J. Sancier
Signature

1/27/2013
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	
5	SAUCIER RENTALS 117 LOMBARD ST, PRESQUE ISLE ME 04769 INVESTMENT