



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2017 Calendar Year: January 1, 2017 - December 31, 2017

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

Name: KARLETON S. WARD; Office: House; Mailing Address: PO Box 612; District Number: 131; City/Town, State, Zip: HOLDEN, MAINE 04429; E-mail Address: Karlwickerson27@qmail.com

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Thursday, February 15, 2018.

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- Complete all sections. If a section is not applicable, check the box labeled "None" for that section.
A glossary is located in the back of this form.
If completing this form by hand, PLEASE WRITE LEGIBLY. DO NOT USE 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 should not be reported.
Campaign contributions and Maine Clean Election Act payments should 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.

IMPORTANT NOTICE: 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)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. 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
Maine State Legislature	State House Augusta, ME	Government	Legislator
NICKERSON & O'DAY	P.O. BOX 911 MANLOR, ME 04402	CONSTRUCTION	PRESIDENT/CEO

**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
NICKERSON & O'DAY, INC.	P.O. BOX 911 MANLOR, ME 04402	CONSTRUCTION
(SEE ATTACHMENTS FOR ADDITIONAL INFORMATION)		

**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
Vest Collective/America	Po Box 759224 Baltimore, MD 21275	529 Plan

**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
DR. KATHRYN O. WARD (WIFE)	RETINOCENT EYE CARE 29 DIALLO DRIVE GREENER, ME 04412	MEDICAL PRACTICE

**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
DEPENDENT 1	INVESTOR INVESTMENT SERVICES PO BOX 219919 KANSAS CITY, MO 64121	DIVIDENDS & CAPITAL GAINS DISTRIBUTIONS
DEPENDENT 2	VANEVARD PO BOX 2600 VALLEY Forge, PA 19428	DIVIDENDS & CAPITAL GAINS DISTRIBUTIONS

**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
<i>KARADIN TRUST CO.</i>	<i>HOUSTON, TX</i>	<i>BANKING / FINANCE</i>

**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
(SEE ATTACHMENT)		

**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
(SEE ATTACHMENT)			<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

2.8.17

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	



### Part 3. Business Entities

- |  |              |        |
|--|--------------|--------|
| ✓ Nickerson & O'Day<br>PO Box 911<br>Bangor, Maine   | Construction | Self   |
| ✓ Penobscot Eye Care<br>29 Dirigo Drive<br>Brewer, ME 04412  | Medical      | Spouse |
| ✓ Concrete Coring of Maine LLC<br>60 Acme Drive<br>Brewer, ME 04412                                  | Construction | Self   |
| ✓ Sluggers Indoor Baseball<br>and Softball Training Facility LLC<br>60 Acme Road<br>Brewer, ME 04412 | Sports       | Self   |
| ✓ ICON<br>29 Dirigo Drive<br>Brewer, ME 04412  | Secretary    | Spouse |

Part 11. Conducting Business with State Agencies (LOCAL & FEDERAL ADDED)

✓ Maine Veterans Homes	Nickerson & O'Day	Construction ✓
✓ RSU 24 49 (CORINTH)	Nickerson & O'Day	Construction
✓ USPO for Maine Contracting	Nickerson & O'Day	Construction
✓ University of Maine System	Nickerson & O'Day	Construction
✓ Hancock County	Nickerson & O'Day	Construction
✓ CITY OF PRESERVE BLDG	NICKERSON & O'DAY	CONSTRUCTION
✓ BREWER HOUSING AUTH.	NICKERSON & O'DAY	CONSTRUCTION
✓ BUREAU OF GEN'L SVCS.	NICKERSON & O'DAY	CONSTRUCTION
✓ ME. STATE HOUSING AUTH.	NICKERSON & O'DAY	CONSTRUCTION
✓ TOWN OF CORINTH	NICKERSON & O'DAY	CONSTRUCTION
✓ U.S. POSTAL SERVICE	NICKERSON & O'DAY	CONSTRUCTION
✓ MAINE VETERANS HOMES	NICKERSON & O'DAY	CONSTRUCTION
✓ MAINE ARMY/AIR NATIONAL GUARD	NICKERSON & O'DAY	CONSTRUCTION
✓ RSV 19 (NEWPORT)	NICKERSON & O'DAY	CONSTRUCTION
✓ CITY OF AUGUSTA	NICKERSON & O'DAY	CONSTRUCTION



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

✓	Nickerson & O'Day PO Box 911 Bangor, Maine	President		Karl Ward	Self	Yes
✓	Penobscot Eye Care 29 Dirigo Drive Brewer, ME 04412	President		Kathryn Ward	Spouse	Yes
✓	Concrete Coring of Maine LLC 60 Acme Drive Brewer, ME 04412	President		Karl Ward	Self	No
✓	Sluggers Indoor Baseball and Softball Training Facility LLC 60 Acme Road Brewer, ME 04412	President		Karl Ward	Self	No
✓	John Bapst Memorial HS 100 Broadway Bangor, ME 04401	(FORMER) Trustee		Karl Ward	Self	No
✓	Cross Insurance Self- Insurance Construction Service Group Trust 60 Pineland Drive, Ste 130 New Gloucester, ME 04260	Trustee		Karl Ward	Self	No
✓	Eastern Maine Healthcare Systems 43 Whiting Hill Rd Brewer, ME 04412	Corporator		Karl Ward	Self	No
✓	Katahdin Area Council of Boy Scouts of America 90 Kelley Rd Orono, ME 04473	Trustee		Karl Ward	Self	No
✓	President's Advisory Board Eastern Maine Community College 354 Hogan Rd Bangor, ME 04401	(FORMER) Board Member		Karl Ward	Self	No

✓	Holbrook Little League	Director	Karl Ward	Self	No
✓	ICON 29 Dirigo Drive Brewer, ME 04412	Secretary	Kathryn Ward	Spouse	Yes
✓	CISV Maine	Board Member	Kathryn Ward	Spouse	No