



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS WHO ARE LEAVING OFFICE IN 2018

2018 Calendar Year: January 1, 2018 - December 31, 2018

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: 1B1, City/Town, State, Zip: HOLDEN, ME 04429, E-mail Address: Karlwickerson27@gmail.com

FILING DEADLINE

Please file this statement with the Maine Ethics Commission by 5:00 p.m., Tuesday, January 22, 2019.

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	PO BOX 911 BANGOR, 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.	PO BOX 911 BANGOR, ME 04402	CONSTRUCTION
(SEE ATTACHMENT FOR ADD'L INFO)		

**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 connect/america	PO BOX 759226 BALTIMORE, MD 21295	514 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 N WARD (WIFE)	RENOVUS UT EYE CARE 23 DIMITRI DRIVE DREWERS ME MD12	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	INVESTED INVEST SVCS. PO BOX 21969 KANSAAS CITY, MO 64111	DIVIDENDS & CAP. GAINS DISTING
DEPENDENT 2	VANGUARD PO BOX 2600 VALLEY FORGE PA 19418	"

**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
KATHAMON TRUST CO.	HOUSTON, TX	BANKING / FINANCIAL

**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

12.15.18

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

COMPLETED

- ✓ Maine Veterans Homes Nickerson & O'Day Construction
- ✓ RSU 24 CG (COUNTR) Nickerson & O'Day Construction
- ✓ USPO for Maine Contracting Nickerson & O'Day Construction
- ✓ University of Maine System Nickerson & O'Day Construction

COMPLETED

- ✗ Hancock County Nickerson & O'Day Construction

COMPLETED

- ✗ CITY OF FALGOUTS Nickerson & O'Day Construction

COMPLETED

- ✗ MAINE STATE ARCH. Nickerson & O'Day Construction
- ✓ BUREAU OF GEN'L SVCS. Nickerson & O'Day Construction

COMPLETED

- ✗ ME. STATE HOUSING AUTH. Nickerson & O'Day Construction

COMPLETED

- ✗ TOWN OF CANTON Nickerson & O'Day Construction

COMPLETED

- ✗ U.S. POSTAL SERVICE Nickerson & O'Day Construction

- ✓ ✓ MAINE VETERAN'S HOMES Nickerson & O'Day Construction

- ✓ ✓ MAINE ARMY/AIR NATIONAL GUARD Nickerson & O'Day Construction

- ✓ ✓ REV 19 (NEWPORT) Nickerson & O'Day Construction

- ✓ ✓ CITY OF AUGUSTA Nickerson & O'Day Construction

- ✓ ✓ DONOHER DIX PSYCHIATRIC CTR Nickerson & O'Day Construction

- ✓ ✓ MAINE MARITIME ACADEMY 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	<i>(former)</i> 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