

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)

REP. SARA GIDEON  
CHAIR

SEN. MICHAEL D. THIBODEAU  
VICE-CHAIR

EXECUTIVE DIRECTOR  
GRANT T. PENNOYER



SEN. GARRETT P. MASON  
SEN. ANDRE E. CUSHING  
SEN. TROY D. JACKSON  
SEN. NATHAN L. LIBBY  
REP. ERIN D. HERBIG  
REP. JARED F. GOLDEN  
REP. KENNETH W. FREDETTE  
REP. ELEANOR M. ESPLING

128<sup>TH</sup> MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

128<sup>th</sup> Legislature  
Legislative Council

September 19, 2017  
11:00 AM

REVISED AGENDA

<u>Page</u>	<u>Item</u>	<u>Action</u>
	<b>CALL TO ORDER</b>	
	<b>ROLL CALL</b>	
1	<b>SUMMARY OF THE AUGUST 16, 2017 MEETING OF THE LEGISLATIVE COUNCIL</b>	<b>Decision</b>
	<b>REPORTS FROM EXECUTIVE DIRECTOR AND STAFF OFFICE DIRECTORS</b>	
6	• Executive Director's Report (Mr. Pennoyer)	<b>Information</b>
7	• Fiscal Report (Mr. Nolan)	<b>Information</b>
11	• Studies Report (Ms. Hylan Barr)	<b>Information</b>
	<b>REPORTS FROM COUNCIL COMMITTEES</b>	
	• Personnel Committee	
	• State House Facilities Committee No report	
	<b>OLD BUSINESS</b>	
13	Item #1: Approval of Outside Funding for Health Care Task Force	<b>Decision</b>
	<b>NEW BUSINESS</b>	
74	Item #1: Request to Convene the Task Force to Identify Special Education Cost Drivers and Innovative Approaches to Services	<b>Decision</b>
	Item #2: Executive Session	
	<b>ANNOUNCEMENTS AND REMARKS</b>	
	<b>ADJOURNMENT</b>	

REP. SARA GIDEON  
CHAIR

SEN. MICHAEL D. THIBODEAU  
VICE-CHAIR

EXECUTIVE DIRECTOR  
GRANT T. PENNOYER



128<sup>TH</sup> MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

SEN. GARRETT P. MASON  
SEN. ANDRE E. CUSHING  
SEN. TROY D. JACKSON  
SEN. NATHAN L. LIBBY  
REP. ERIN D. HERBIG  
REP. JARED F. GOLDEN  
REP. KENNETH W. FREDETTE  
REP. ELEANOR M. ESPLING

**LEGISLATIVE COUNCIL  
MEETING SUMMARY  
August 16, 2017**

**CALL TO ORDER**

Speaker Gideon called the August 16, 2017 meeting of the Legislative Council to order at 10:51 a.m. in the Legislative Council Chamber.

**ROLL CALL**

Senators:	President Thibodeau, Senator Jackson and Senator Libby
Absent:	Senator Mason, Senator Cushing (arrived late)
Representatives:	Speaker Gideon, Representative Herbig and Representative Golden
Absent:	Representative Espling, Representative Fredette (arrived late)
Legislative Officers:	Robert Hunt, Clerk of the House Grant T. Pennoyer, Executive Director of the Legislative Council Jackie Little, Human Resources Director Suzanne Gresser, Revisor of Statutes Marion Hylan Barr, Director, Office of Policy and Legal Analysis Chris Nolan, Director, Office of Fiscal and Program Review Kevin Dieterich, Director, Legislative Information Technology

Speaker Gideon convened the meeting at 10:51 a.m. with a quorum of members present.

**SUMMARY OF JULY 19, 2017 MEETING OF LEGISLATIVE COUNCIL**

**Motion:** That the Meeting Summary for July 19, 2017 be accepted and placed on file. Motion by President Thibodeau. Second by Senator Jackson. **Motion passed unanimous (6-0-0-4**, with Senators Mason and Cushing and Representatives Fredette and Espling absent).

## REPORTS FROM EXECUTIVE DIRECTOR AND COUNCIL OFFICES

### Executive Director's Report

Grant Pennoyer, Executive Director, presented the following report.

#### 1. RFP for MELD Bill Production System Replacement

We are meeting with the top 2 bidders this week to review their proposals and receive presentations and will make a decision shortly after these demonstrations. After these meetings, we will submit a final recommendation to the Council.

#### 2. RFP for State House Window Project

We held a bidder conference to review the bid documents and the State House Window Project with potential bidders last week. Bid opening is set for September 6<sup>th</sup>.

#### 3. Copper Reuse Project – Artist Selection Process

The Artist Selection Committee will meet on September 12th to receive detailed presentations from the four finalists to reuse the copper from the State House dome. The committee will make a final decision at that meeting.

#### 4. NCSL Job Classification Project

NCSL will visit Maine as part of its job classification project from September 13<sup>th</sup> to the 15<sup>th</sup>. We will be working with them and various offices to schedule interviews with selected staff.

### Fiscal Report

Chris Nolan, Director, Office of Fiscal and Program Review, presented the following report.

#### 1. General Fund Revenue Update

**Total General Fund Revenue - FY 2017 (\$'s in Millions)**

	Budget	Actual	Var.	% Var.	Prior Year	% Growth
June	\$373.1	\$410.9	\$37.9	10.2%	\$369.6	11.2%
FYTD	\$3,413.5	\$3,454.9	\$41.4	1.2%	\$3,366.2	2.6%

General Fund revenue was over budget by \$37.9 million (10.2%) for the month of June and over budget by \$41.4 million (1.2%) for the fiscal year. Individual income tax revenue was over budget for the month by \$19.0 million and over budget for the fiscal year by \$9.5 million (0.6%). Strong withholding payments and a large second estimated payment both contributed to the positive variance. To the extent the now repealed surtax contributed to both these positive variances, this should be considered a one-time revenue impact that will likely need to be refunded later in FY 2018. Sales and use taxes for June (May sales) were under budget by \$0.8 million for the month but over budget by \$4.9 million (0.4%) for the fiscal year. May taxable sales increased by 7.5% over last year, led by auto/transportation and lodging sales. A large refund budgeted in May but paid in June contributed to the June negative revenue variance. Corporate income tax revenue was over budget by \$5.8 million in June and over budget by \$11.1 million (6.8%) for the fiscal year.

## 2. Highway Fund Revenue Update

Total Highway Fund Revenue - FY 2017 (\$'s in Millions)						
	Budget	Actual	Var.	% Var.	Prior Year	% Growth
June	\$25.3	\$29.7	\$4.3	17.0%	\$25.3	17.0%
FYTD	\$327.3	\$334.3	\$7.0	2.1%	\$323.9	3.2%

Highway Fund revenue was over budget by \$4.3 million (17.0%) for the month of June and over budget by \$7.0 million (2.1%) for the fiscal year. Fuel taxes were over budget for the month by \$3.1 million and by \$4.2 million (1.9%) for the fiscal year. Some of this positive variance is attributable to payments expected in July that were received the final day of June. Motor vehicle registrations and fees were over budget by \$0.9 million for the month and by \$2.8 million (3.2%) for the fiscal year.

## 3. Cash Balances Update

The average balance in the cash pool for June was \$992.7 million, down from May's average of \$1,010.7 million but well above both last year's average balance for June and the ten-year average for the month. General Fund internal borrowing from other funds was not needed in June and not needed for all of FY 2017. The average Highway Fund balance of \$27.8 million in June decreased from May's average of \$42.8 million. This is likely a seasonal impact reflecting the increased activity during the construction season.

## 4. FY 2017 Year-End Cascade Transfers

The FY 2017 closing General Fund balance totaled \$111.0 million, \$57.1 million of which was budgeted and \$53.9 million was unbudgeted. The \$53.9 million not budgeted included \$41.4 million in General Fund revenue surplus, \$8.7 million in unbudgeted lapsed program balances and \$3.8 million in other accounting adjustments. Under the current distribution rules for the year-end "cascade" of funds from the unappropriated surplus of the General Fund (5 MRSA §1507, §1511, §1519 and §1536), after all fixed dollar transfers were distributed; 80% (\$36.8 million) was distributed to the Maine Budget Stabilization Fund and 20% (\$9.2 million) was distributed to the Tax Relief Fund for Maine Residents.

The Highway Fund also has a statutory year-end transfer provision that transfers all but \$100,000 of the increase in the unallocated surplus above the budgeted amount to the Department of Transportation for highway and bridge improvement projects in the next fiscal year. The amounts that transferred and are available in FY 2018 are \$8.5 million. In addition to a \$7.0 million revenue surplus, unexpended Highway Fund allocations that lapsed back to the unallocated surplus totaled \$1.3 million and other net accounting adjustments equaled \$0.3 million.

## REPORTS FROM COUNCIL COMMITTEES

### 1. Personnel Committee

Speaker Gideon reported that the Personnel Committee met earlier that morning to consider the following items.

1. SOMER: New HR System – Extent of Legislative Participation

Mr. Pennoyer provided the committee with an update with respect to the SOMER time and attendance module. No Legislative Council action is required.

2. Collective Bargaining

Mr. Pennoyer and Ms. Little briefed the committee about upcoming collective bargaining negotiations with MSEA and IANLP. This item will be discussed later in today's meeting.

2. **State House Facilities Committee**

No Report

**NEW BUSINESS**

**Item #1: Health Care Task Force Outside Funding**

The Council received an update from Mr. Pennoyer on outside funding for the Health Care Task Force. The study is unique in that it covers two fiscal years. The funding required for the first year is about \$4,700, and donations so far have totaled about \$3,700. He sought guidance from the Council on whether the Task Force would be authorized to begin its work and continue through Fiscal Year 2018 if it raises enough funding for that year, then evaluate funding for Fiscal Year 2019.

**Motion:** That the Legislative Council allow the Health Care Task Force to begin and continue its work throughout Fiscal Year 2018 upon meeting the fundraising goal of \$4,682. Motion by President Thibodeau. Second by Senator Jackson. **Motion passed unanimous (8-0-0-2, with Senator Mason and Representative Espling absent).**

**Item #2: Executive session: collective bargaining Matters and Employment Terms and Conditions for Legislative Employees**

**Motion:** That in accordance with 1 MRSA § 405, sub§ 6, the Legislative Council enter into an executive session for the purpose of discussing collective bargaining negotiations. Motion by President Thibodeau. Second by Senator Libby. **Motion passed unanimous (8-0-0-2, with Senator Mason and Representative Espling absent).**

The Legislative Council entered into an executive session at 11:40 a.m. At the conclusion of its executive session, on a motion by Senator Cushing, seconded by Senator Libby, the Legislative Council voted unanimously to end its executive session at 12:12 p.m. and reconvene its regular meeting during which the following motion regarding collective bargaining was made.

**Motion:** That the Legislative Council authorizes its Executive Director to enter into negotiations with the bargaining agents for the Maine State Employees Association (MSEA, Local 1989, SEIU) and the Independent Association of Nonpartisan Legislative Professionals (IANLP) over terms and conditions of employment for legislative employees in the MSEA and IANLP bargaining units. Motion by President Thibodeau. Second by Representative Herbig. **Motion passed unanimous (7-0-0-3, with Senators Mason, Jackson and Representative Espling absent).**

**ANNOUNCEMENTS AND REMARKS**

With no other business to consider or further announcements, the Legislative Council meeting was adjourned at 12:13 p.m.

REP. SARA GIDEON  
CHAIR  
  
SEN. MICHAEL D. THIBODEAU  
VICE-CHAIR



SEN. GARRETT P. MASON  
SEN. ANDRE E. CUSHING  
SEN. TROY D. JACKSON  
SEN. NATHAN L. LIBBY  
REP. ERIN D. HERBIG  
REP. JARED F. GOLDEN  
REP. KENNETH W. FREDETTE  
REP. ELEANOR M. ESPLING

EXECUTIVE DIRECTOR  
GRANT T. PENNOYER

128<sup>TH</sup> MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

## **Executive Director's Report September 19, 2017**

### **1. RFP for MELD Bill Production System Replacement**

We are in the process of scheduling a second demonstration with each of the top 2 bidders for the MELD Bill Production System Replacement project. We are planning to make a recommendation to the Council after these next demonstrations.

### **2. State House Window Repair Project**

We have awarded the bid for the State House Window Repair Project to Jacobs Glass. Work on the South Wing west elevation windows will begin this week. This year's project will replace failed window panes and paint the exterior of the State House windows on the South Wing and the south elevation of the West Wing.

### **3. RFP for State House Plaster Repair and Painting**

We are in the process of finalizing a second facilities-related RFP to solicit bids to repair damaged plaster and paint of interior spaces in the State House. This year's work will include more work inside offices within the State House.

### **4. Copper Reuse Project – Artist Selection Process**

The Artist Selection Committee met on September 12th to receive detailed presentations from the four finalists to reuse the copper from the State House dome. The committee will be submitting a recommendation to the State House Facilities Committee at its meeting on October 5<sup>th</sup>. The Facilities Committee will then make a recommendation at the October meeting of the full Legislative Council currently scheduled to meet on October 26<sup>th</sup>.

### **5. NCSL Job Classification Project**

NCSL kicked off its job classification project with a visit to Maine last week conducting interviews with office directors, chiefs of staff and the Secretary of the Senate and the Clerk of the House. Legislative Staff will be given a questionnaire to fill out to gather information about each of their responsibilities. NCSL staff will be visiting again in November to interview various staff.

### **6. Updating Card Readers and New Access Cards**

The Administration is in the process of an overdue upgrade of the security card readers. This upgrade will require the replacement of all existing security cards with new ones including new pictures. The State House upgrades and card replacements will occur this fall. Timing has not been finalized.



# Fiscal Briefing

September 19, 2017

*Prepared by the Office of Fiscal & Program Review*

## 1. General Fund Revenue Update (see attached)

**Total General Fund Revenue - FY 2018 (\$'s in Millions)**

	Budget	Actual	Var.	% Var.	Prior Year	% Growth
August	\$300.8	\$306.1	\$5.3	1.8%	\$297.3	3.0%
FYTD	\$537.7	\$550.7	\$13.0	2.4%	\$535.5	2.8%

General Fund revenue was over budget by \$5.3 million (1.8%) for the month of August and over budget by \$13.0 million (2.4%) for the fiscal year to date. Individual income tax revenue was over budget for the month by \$5.0 million and over budget for the fiscal year by \$10.2 million. Strong withholding payments and estimated payments both contributed to the positive variance. Sales and use taxes for August (July sales) were over budget by \$2.0 million for the month and over budget by \$4.6 million for the fiscal year. Corporate income tax revenue was under budget by \$3.7 million in August but over budget by \$2.5 million for the fiscal year to date. Cigarette and tobacco taxes were \$7.8 million under budget for the fiscal year to date. This shortfall was largely the result of a timing issue as payments for cigarette stamps expected in July were received in June.

## 2. Highway Fund Revenue Update (see attached)

**Total Highway Fund Revenue - FY 2018 (\$'s in Millions)**

	Budget	Actual	Var.	% Var.	Prior Year	% Growth
August	\$30.5	\$32.0	\$1.5	5.0%	\$31.0	3.3%
FYTD	\$60.3	\$58.4	(\$1.8)	-3.0%	\$60.9	-4.1%

Highway Fund revenue was over budget by \$1.5 million (5.0%) for the month of August but under budget by \$1.8 million (3.0%) for the fiscal year to date. The positive monthly variance occurred in the Motor Vehicle Registration and Fees revenue lines. The fiscal year to date negative variance was largely the result of fuel tax payments received in June that were expected in July.

## 3. Cash Balances Update

The average balance in the cash pool for August was \$1,102.9 million, down from July's average of \$1,120.6 million but well above both last year's average balance for August and the ten-year average for the month. General Fund internal borrowing from other funds was not needed in August. The average Highway Fund balance of \$37.2 million in August decreased from July's average of \$43.0 million.

**General Fund Revenue**  
**Fiscal Year Ending June 30, 2018 (FY 2018)**

Updated 9/12/17

**August 2017 Revenue Variance Report**

Revenue Category				Fiscal Year-To-Date					FY 2018 Budgeted Totals
	August '17 Budget	August '17 Actual	August '17 Variance	Budget	Actual	Variance	Variance %	% Change from Prior Year	
Sales and Use Tax	139,502,221	141,498,659	1,996,438	273,149,021	277,793,067	4,644,046	1.7%	5.9%	1,400,148,328
Service Provider Tax	4,900,000	4,974,113	74,113	9,800,000	10,475,228	675,228	6.9%	-7.7%	59,424,469
Individual Income Tax	126,350,000	131,327,383	4,977,383	209,450,000	219,670,222	10,220,222	4.9%	7.9%	1,508,046,494
Corporate Income Tax	4,900,000	1,182,361	(3,717,639)	9,900,000	12,435,847	2,535,847	25.6%	2.1%	165,724,242
Cigarette and Tobacco Tax	11,955,514	11,750,546	(204,968)	25,663,760	17,795,439	(7,868,321)	-30.7%	-28.0%	136,682,000
Insurance Companies Tax	66,788	5,112	(61,676)	231,148	33,468	(197,680)	-85.5%	-84.6%	73,765,000
Estate Tax	1,044,000	32,176	(1,011,824)	2,088,000	1,754,212	(333,788)	-16.0%	-66.3%	12,416,710
Other Taxes and Fees *	9,822,577	10,357,921	535,344	20,017,758	20,767,494	749,736	3.7%	-9.0%	134,140,500
Fines, Forfeits and Penalties	1,781,768	1,950,878	169,110	3,525,746	3,322,535	(203,211)	-5.8%	-4.2%	19,297,146
Income from Investments	210,006	452,646	242,640	210,006	452,646	242,640	115.5%	87.1%	2,993,949
Transfer from Lottery Commission	4,143,413	5,341,986	1,198,573	9,322,679	10,499,054	1,176,375	12.6%	7.0%	54,900,000
Transfers to Tax Relief Programs *	(3,000,000)	(1,592,156)	1,407,844	(3,000,000)	(1,561,300)	1,438,700	48.0%	-26532.5%	(64,768,101)
Transfers for Municipal Revenue Sharing	(4,532,936)	(4,827,837)	(294,901)	(10,663,402)	(11,400,724)	(737,322)	-6.9%	-9.8%	(67,995,145)
Other Revenue *	3,642,856	3,655,367	12,511	(11,996,212)	(11,342,445)	653,767	5.4%	-13.8%	13,924,077
<b>Totals</b>	<b>300,786,207</b>	<b>306,109,154</b>	<b>5,322,947</b>	<b>537,698,504</b>	<b>550,694,743</b>	<b>12,996,239</b>	<b>2.4%</b>	<b>2.8%</b>	<b>3,448,699,669</b>

\* Additional detail by subcategory for these categories is presented on the following page.

**General Fund Revenue**  
**Fiscal Year Ending June 30, 2018 (FY 2018)**

Updated 9/12/17

**August 2017 Revenue Variance Report**

Revenue Category				Fiscal Year-To-Date					FY 2018 Budgeted Totals
	August '17 Budget	August '17 Actual	August '17 Variance	Budget	Actual	Variance	Variance %	% Change from Prior Year	
<b>Detail of Other Taxes and Fees:</b>									
- Property Tax - Unorganized Territory	0	0	0	0	0	0	N/A	N/A	14,312,702
- Real Estate Transfer Tax	1,394,683	618,926	(775,757)	2,736,898	2,526,647	(210,251)	-7.7%	-18.6%	14,951,635
- Liquor Taxes and Fees	1,793,552	2,278,796	485,244	3,600,860	4,546,810	945,950	26.3%	2.6%	19,086,688
- Corporation Fees and Licenses	253,435	325,961	72,526	760,881	911,597	150,716	19.8%	8.3%	9,538,649
- Telecommunication Excise Tax	0	1,202	1,202	0	1,202	1,202	N/A	N/A	6,250,000
- Finance Industry Fees	2,196,000	2,532,450	336,450	4,392,000	4,277,750	(114,250)	-2.6%	-4.5%	26,891,990
- Milk Handling Fee	256,996	415,360	158,364	513,992	842,117	328,125	63.8%	-49.2%	3,083,951
- Racino Revenue	791,668	890,796	99,128	1,583,334	1,601,587	18,253	1.2%	5.7%	8,572,671
- Boat, ATV and Snowmobile Fees	366,851	332,560	(34,291)	910,760	827,458	(83,302)	-9.1%	-0.5%	4,523,561
- Hunting and Fishing License Fees	1,930,105	2,284,460	354,355	3,841,603	3,957,695	116,092	3.0%	-3.0%	15,878,217
- Other Miscellaneous Taxes and Fees	839,287	677,410	(161,877)	1,677,430	1,274,631	(402,799)	-24.0%	-32.0%	11,050,436
<b>Subtotal - Other Taxes and Fees</b>	<b>9,822,577</b>	<b>10,357,921</b>	<b>535,344</b>	<b>20,017,758</b>	<b>20,767,494</b>	<b>749,736</b>	<b>3.7%</b>	<b>-9.0%</b>	<b>134,140,500</b>
<b>Detail of Other Revenue:</b>									
- Liquor Sales and Operations	2,280	7,364	373,467	4,845.00	9,314	4,469	92.2%	42.6%	28,500
- Targeted Case Management (DHHS)	173,515	39,434	(134,081)	347,030	187,388	(159,642)	-46.0%	-41.2%	1,800,000
- State Cost Allocation Program	1,891,585	1,745,664	(145,921)	3,430,023	3,142,327	(287,696)	-8.4%	-12.0%	18,296,832
- Unclaimed Property Transfer	0	0	0	0	0	0	N/A	N/A	7,500,000
- Tourism Transfer	0	0	0	(10,105,073)	(10,105,073)	0	0.0%	-12.8%	(15,487,275)
- Transfer to Maine Milk Pool	(1,531,740)	(1,230,211)	301,529	(3,718,561)	(2,864,590)	853,971	23.0%	42.2%	(11,436,869)
- Transfer to STAR Transportation Fund	0	0	0	(5,930,103)	(5,930,103)	0	0.0%	-14.2%	(7,950,000)
- Other Miscellaneous Revenue	3,107,216	3,093,116	(14,100)	3,975,627	4,218,293	242,666	6.1%	-19.6%	21,172,889
<b>Subtotal - Other Revenue</b>	<b>3,642,856</b>	<b>3,655,367</b>	<b>12,511</b>	<b>(11,996,212)</b>	<b>(11,342,445)</b>	<b>653,767</b>	<b>5.4%</b>	<b>-13.8%</b>	<b>13,924,077</b>
<b>Detail of Transfers to Tax Relief Programs:</b>									
- Me. Resident Prop. Tax Program (Circuitbreaker)	0	742	742	0	936	936	N/A	-52.5%	0
- BETR - Business Equipment Tax Reimb.	(3,000,000)	(1,589,428)	1,410,572	(3,000,000)	(1,558,766)	1,441,234	48.0%	N/A	(26,800,000)
- BETE - Municipal Bus. Equip. Tax Reimb.	0	(3,470)	(3,470)	0	(3,470)	(3,470)	N/A	-188.1%	(37,968,101)
<b>Subtotal - Tax Relief Transfers</b>	<b>(3,000,000)</b>	<b>(1,592,156)</b>	<b>1,407,844</b>	<b>(3,000,000)</b>	<b>(1,561,300)</b>	<b>1,438,700</b>	<b>48.0%</b>	<b>-26532.5%</b>	<b>(64,768,101)</b>
<b>Inland Fisheries and Wildlife Revenue - Total</b>	<b>2,388,074</b>	<b>2,695,343</b>	<b>307,269</b>	<b>4,935,074</b>	<b>5,119,582</b>	<b>184,508</b>	<b>3.7%</b>	<b>0.5%</b>	<b>21,499,926</b>

**Highway Fund Revenue**  
**Fiscal Year Ending June 30, 2018 (FY 2018)**

Updated 9/12/17

**August 2017 Revenue Variance Report**

Revenue Category				Fiscal Year-To-Date					FY 2018 Budgeted Totals
	August '17 Budget	August '17 Actual	August '17 Variance	Budget	Actual	Variance	% Variance	% Change from Prior Year	
Fuel Taxes:									
- Gasoline Tax	19,343,021	19,175,024	(167,997)	36,736,178	37,417,042	680,864	1.9%	1.9%	202,622,900
- Special Fuel and Road Use Taxes	3,757,630	3,807,546	49,916	7,969,261	4,184,420	(3,784,841)	-47.5%	-48.4%	47,656,300
- Transcap Transfers - Fuel Taxes	(1,696,270)	(1,705,929)	(9,659)	(3,284,007)	(3,068,133)	215,874	6.6%	6.8%	(18,390,916)
- Other Fund Gasoline Tax Distributions	(483,710)	(484,234)	(524)	(918,662)	(940,413)	(21,751)	-2.4%	-2.4%	(5,066,991)
Subtotal - Fuel Taxes	20,920,671	20,792,406	(128,265)	40,502,770	37,592,917	(2,909,853)	-7.2%	-7.5%	226,821,293
Motor Vehicle Registration and Fees:									
- Motor Vehicle Registration Fees	5,547,629	6,540,240	992,611	12,304,073	12,329,604	25,531	0.2%	-1.6%	67,095,787
- License Plate Fees	386,646	496,229	109,583	738,944	844,122	105,178	14.2%	5.2%	3,458,710
- Long-term Trailer Registration Fees	492,078	692,491	200,413	932,134	1,456,006	523,872	56.2%	31.2%	9,884,523
- Title Fees	1,229,385	1,498,421	269,036	2,270,558	2,687,669	417,111	18.4%	10.7%	13,366,264
- Motor Vehicle Operator License Fees	859,276	819,487	(39,789)	1,602,802	1,502,867	(99,935)	-6.2%	-5.8%	8,886,689
- Transcap Transfers - Motor Vehicle Fees	0	0	0	0	0	0	N/A	N/A	(15,570,414)
Subtotal - Motor Vehicle Reg. & Fees	8,515,014	10,046,868	1,531,854	17,848,511	18,820,268	971,757	5.4%	1.9%	87,121,559
Motor Vehicle Inspection Fees	300,200	254,050	(46,150)	530,420	508,881	(21,540)	-4.1%	-2.5%	2,982,500
Other Highway Fund Taxes and Fees	113,928	148,145	34,217	246,255	275,887	29,632	12.0%	10.2%	1,293,729
Fines, Forfeits and Penalties	73,024	106,644	33,620	147,532	180,424	32,892	22.3%	35.3%	739,039
Interest Earnings	49,476	38,786	(10,690)	98,952	38,786	(60,166)	-60.8%	-15.0%	593,712
Other Highway Fund Revenue	517,117	625,957	108,840	892,500	1,014,363	121,863	13.7%	16.1%	9,959,100
<b>Totals</b>	<b>30,489,430</b>	<b>32,012,855</b>	<b>1,523,425</b>	<b>60,266,940</b>	<b>58,431,525</b>	<b>(1,835,415)</b>	<b>-3.0%</b>	<b>-4.1%</b>	<b>329,510,932</b>

# 2017 Interim Legislative Studies and Committee Meetings

Updated September 15, 2017

Study/Committee	Citation	2017 Meetings Authorized	2017 Meetings Held	Scheduled Next Meeting Date(s)	Report Date	Chair(s)	Status/Notes
-----------------	----------	--------------------------	--------------------	--------------------------------	-------------	----------	--------------

## NEW STUDIES

ACF Study of Conserved Lands Owned by Nonprofit Conservations Organizations	PL 2017 c. 284 TT-2	4			2/15/2018	Sen. Paul Davis Rep. Michelle Dunphy	Meetings TBA
Working Group to Improve the Provision of Indigent Legal Services	PL 2017 c. 384 UUUU-17	4	9/7/2017		12/6/2017	Sen. Lisa Keim Rep. Barbara Cardone	Work ongoing
Task Force to Address Opioid Crisis in the State	SP 210	10	9/12/17	9/27/2017 10/31/2017	12/6/2017	Sen. Andre Cushing Rep. Joyce McCreight	Work ongoing
Task Force on Maine's 21st Century Economy and Workforce	SP 294	4		9/26/2017	3/1/2018	Sen. Brian Langley Rep. Erin Herbig	Work ongoing
Commission to Streamline Veterans' Licensing and Certification	Resolve 2017 c. 27	4			1/15/2018	Rep. Jared Golden	Appointments not completed (5/13)
Task Force to Identify Special Education Cost Drivers and Innovative Approaches to Services	Resolve 2017 c. 26	5			12/6/2017	Sen. Brian Langley Rep. Richard Farnsworth	Appointments not completed (10/13); pending Council approval to meet with majority
Task Force on Health Care Coverage for All of Maine	SP 592 (pending funding)	4			1/1/18 (initial may be submitted); final 11/1/18		Appointments not completed; pending Council approval of outside funding contributions

## ON-GOING LEGISLATIVE STUDIES

State Education and Employment Outcomes Task Force	20-A MRSA Sec. 12901	no more than 4 times per year			11/1 annually	Sen. Brian Langley Rep. Richard Farnsworth	Appointments not completed
Right to Know Advisory Committee	1 MRSA Sec. 411	not fewer than 4 times per year	9/6/17	9/20/2017 10/12/2017 11/15/2017	1/15 annually	Sen. Lisa Keim	Appointments not completed (16/17); work ongoing
Task Force To End Student Hunger in Maine	20-A MRSA Sec. 6663	at least 2 and no more than 4 per year			1/10 annually		Currently not meeting; staffed by DOE
Citizen Trade Policy Commission	10 MRSA Sec. 11	at least 2 times per year			annually	Sen. Rodney Whittemore Rep. Craig Hickman	Appointments not completed (17/22); work ongoing
Judicial Compensation Commission	4 MRSA Sec. 1701	n/a funded by court system			12/15 of each even numbered year		Did not convene in 2016

# 2017 Interim Legislative Studies and Committee Meetings

Updated September 15, 2017

<u>Study/Committee</u>	<u>Citation</u>	<u>2017 Meetings Authorized</u>	<u>2017 Meetings Held</u>	<u>Scheduled Next Meeting Date(s)</u>	<u>Report Date</u>	<u>Chair(s)</u>	<u>Status/Notes</u>
<b>AUTHORIZED COMMITTEE MEETINGS</b>							
Joint Select Committee on Marijuana Legalization and Implementation	HP 96 PL 2017 c. 278	as needed		9/26/2017 PH 9/27/2017 WS 9/28/2017 WS	n/a	Sen. Roger Katz Rep. Teresa Pierce	PH on draft LR 09/26; WSs to follow 9/27, 9/28 and 9/29, if necessary
Legislative Staff Recodification and Revision of Title 28-A	Resolve 2017 c. 18				1/15/2019	n/a	Staff work ongoing
SLG re work on CO bill LD 1588 (Roads)	approved by POs	3		9/21/17	n/a	Sen. Paul Davis Rep. R. Danny Martin	
EUT re work on CO bill LD 257 (Microgrids)	approved by POs	2			n/a	Sen. David Woodsome Rep. Seth Berry	Meetings TBA
ENR re work on CO bills LD 1095, 1298 and 1534; Fiberright Project update; and review of DEP GEA report	approved by POs	1		11/14/17	n/a	Sen. Thomas Saviello Rep. Ralph Tucker	

REP. SARA GIDEON  
CHAIR

SEN. MICHAEL D. THIBODEAU  
VICE-CHAIR

EXECUTIVE DIRECTOR  
GRANT T. PENNOYER




128<sup>TH</sup> MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

SEN. GARRETT P. MASON  
SEN. ANDRE E. CUSHING  
SEN. TROY D. JACKSON  
SEN. NATHAN L. LIBBY  
REP. ERIN D. HERBIG  
REP. JARED F. GOLDEN  
REP. KENNETH W. FREDETTE  
REP. ELEANOR M. ESPLING

MEMO

To: Members, Legislative Council

From: Grant T. Pennoyer 

Date: September 19, 2017

Re: Approval of Outside Funding for Task Force on Health Care Coverage

The Task Force on Health Care Coverage authorized by SP 592 has raised \$7,118 of the \$9,364 required to cover the estimated costs of the task force. Attached are the required forms submitted by the donors for your review. Each signed form attests that the purpose of the contribution is not to influence the outcome of the task force or any subsequent legislative action. There are 60 separate forms attached that represent the \$7,118.

Pursuant to the Legislative Council's motion at its last meeting, the acceptance of these donations for the task force will allow the task force to begin its work and continue to work through the current fiscal year. The remaining \$2,246 to provide full funding of the task force through fiscal year 2018-19 must be raised and accepted before June 30, 2018 or the work of the task force may not continue after that date.

Attachments

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 03 21

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Constance Adler	Date of contribution: 8/1/17
Address (number and street) of contributor: 17 Brown Rd	Amount of contribution: \$ 100 —
City, state, zip code: Chesterville, ME 04938	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: physician	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: Farmington, ME	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, C. Adler, MD, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: C. Adler, MD	Date: 8/1/17
Title: M.D.	
Witness:	Date:

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

8/1/2003



**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

**Name of Study:** Healthcare Task Force

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: AMERICAN NURSES ASSOCIATION- MAINE	Date of contribution: 8/15/17
Address (number and street) of contributor: P.O. Box	Amount of contribution: \$ 200.00
City, state, zip code: KENNEBUNK, ME 04043	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: PROFESSIONAL NURSING ORGANIZATION	Contributor is: individual <input type="checkbox"/>
Principal place of business: MAINE	partnership <input type="checkbox"/> corporation <input checked="" type="checkbox"/>
	foundation <input type="checkbox"/>

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

I, PATRICIA BOSTON, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Patricia Boston	Date: 8/14/17
Title: PRESIDENT	
Witness: Dennis A. Boston	Date: 8/14/17

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

8/1/2003

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED SEP 07 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: BRUCE C. BECQUE	Date of contribution: 9/4/17
Address (number and street) of contributor: 40 HAYNES AVE	Amount of contribution: \$ 50.00
City, state, zip code: ELLSWORTH, ME 04605	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: REGISTERED NURSE	
Principal place of business: MAINE COAST MEMORIAL HOSPITAL	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, BRUCE BECQUE, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Bruce C. Becque	Date: 9/4/17
Title:	
Witness: Julie All	Date: 09-04-17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

RECEIVED AUG 11 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Anganne Begone</u>	Date of contribution: <u>8/7/17</u>
Address (number and street) of contributor: <u>585 Eastside Rd</u>	Amount of contribution: \$ <u>10.00</u>
City, state, zip code: <u>Hancock, ME 04640</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>Interpreter</u>	
Principal place of business: <u>Mzine</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, \_\_\_\_\_, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Anganne Begone</u>	Date: <u>8/7/17</u>
Title:	
Witness: <u>U. Dougan</u>	Date: <u>8/7/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED JUL 31 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Lisa Belanger</u>	Date of contribution: <u>7-27-17</u>
Address (number and street) of contributor: <u>11 Lisa's Way</u>	Amount of contribution: \$ <u>15.00</u>
City, state, zip code: <u>North Yarmouth, ME 04097</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: <u>NP</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business: <u>USM</u>	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Lisa Belanger, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Lisa Belanger</u>	Date: <u>7-27-17</u>
Title: <u>NP</u>	
Witness: <u>[Signature]</u>	Date: <u>7-27-2017</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED AUG 21 2003

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Irene Ann Bergman</u>	Date of contribution: <u>8/16/17</u>
Address (number and street) of _____	Amount of contribution: \$ <u>10-</u>
City, state, zip code: _____ Irene Bergman 95 Settlers Dr. Hancock, ME 04640	If in-kind, list fair market
SS# OR FED ID #: _____	value here and itemize
Occupation: _____	in space provided below. \$
Principal place of business: _____	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Irene A. Bergman, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Irene Bergman</u>	Date: <u>8/16/17</u>
Title: _____	
Witness: <u>Sam Bergman</u>	Date: <u>8/16/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

8/1/2003

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 21 2017

AUG 21 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Samuel Bergman, MD</u>	Date of contribution: <u>8/16/17</u>
Address (number and street) of contributor: _____	Amount of contribution: \$ <u>25</u>
City, state, zip code: <u>Samuel Bergman</u> <u>95 Settlers Dr.</u> <u>Hancock, ME 04640</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: _____	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Occupation: _____	
Principal place of business: _____	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Samuel Bergman, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Sam Bergman</u>	Date: _____
Title: _____	
Witness: <u>Irene Bergman</u>	Date: <u>8/16/17</u>

LEGISLATIVE COUNCIL ACTION:

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

**Name of Study:** Healthcare Task Force

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <u>PATRICIA ANNE BOSTON</u>	Date of contribution: <u>8/11/17</u>
Address (number and street) of contributor: <u>60 HILLS BEACH RD</u>	Amount of contribution: \$
City, state, zip code: <u>BIDDEFORD ME 04005</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>RETIRED</u>	
Principal place of business:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

I, PATRICIA A. BOSTON, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Patricia A. Boston</u>	Date: <u>8/11/17</u>
Title:	
Witness: <u>Donna A. Boston</u>	Date: <u>8/11/17</u>

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

RECEIVED AUG 17 2017

7 2017

[Home](#) [Mail](#) [Search](#) [News](#) [Sports](#) [Finance](#) [Celebrity](#) [Weather](#) [Answers](#) [Flickr](#) [Mobile](#) [More](#)

Q All babette cameron. search your mailbox

Search Mail

Search Web

Home

Babette



Compose

certification relating to contri... 1 / 1

Inbox (4)

Drafts (157)

Sent

Archive

Spam (134)

Trash (282)

&gt; Smart Views

&gt; Folders

2013 tennis

Darlings Form

FD- Dance

Kip Resume

Notes

registrations

&gt; Recent

Fwd: We testified, now we ne...

Elizabeth Brauhn &lt;betsybrauhn@gmail.com&gt;

To Ann Miller, apchesney@gmail.com, Aug 8 at 8:45 AM

Babette Cameron, Jane Osborne,

mmtobin38@gmail.com,

and 9 more...

Some of you have asked me specifically how you could lend financial support to Maine AllCare. Here is an immediate request.

----- Forwarded Message -----

**Subject:** We testified, now we need funding by August 20th!

**Date:** Sun, 6 Aug 2017 07:29:33 -0400

**From:** Lynn Cheney

As a result of our monumental effort on LD 1274 An Act to Promote Universal Health Care, the Legislative Council has approved a task force to examine options for health care. Convening of the task force is contingent upon raising funds for its operations. About \$1700 has been raised so far and this is an appeal to Maine AllCare Downeast members for help. Please use the form below. The mailing address at the top of the form.

**Contributions need to be postmarked by August 20th.** Anyone can witness the form and your contribution is tax deductible.

**Letter from Senator Geoff Gatwick - Co-Sponsor of LD1274:**

- 1.) The Task Force will include eight legislators, and eight stakeholders from the right, left and center (two of these are representatives on the insurance industry). We will have other advisors as appropriate (economists, ethicists, organizational experts, politicians, experts from other states, etc). Diversity of opinion and perspective is a must; here in Maine (unlike Washington) we will work together to improve everyone's care.
- 2.) Our first task will be to fully understand the interests of each stakeholder so that we can work together to expand upon areas of agreement and work creatively to find joint solutions for competing interests.
- 3.) Next we will identify the commonly perceived problems in Maine's health care system and define goals for the optimal health care plan. We will start with issues of access and quality and then move into the more difficult areas of governance, cost, etc., once the group has some experience in joint problem-solving.
- 4.) Our first work product will be a list of attainable short term goals (e.g. support of the individual market, quality measures) for presentation to the Second Legislative Session in January, 2018. The next task will be defining medium and long term goals for the future.
- 5.) *As constituted, the Task Force must raise its own funds (\$4600 -\$10K). If it were dependent on public funding it would have run*

# MAINE STATE LEGISLATURE LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

## CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

*Health Care Task Force*  
Name of Study: *Health Care Task Force*

### CONTRIBUTOR IDENTIFICATION

Full name of contributor: <i>Edith Cameron</i>	Date of contribution: <i>8/12/17</i>
Address (number and street) of contributor: <i>591 Oceanview Rd</i>	Amount of contribution:
City, state, zip code: <i>Stonington, ME 04681</i>	If in-kind, list fair market value here and itemize
SSN OR FED ID #	In space provided below
Occupation: <i>retired</i>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business	

### IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, \_\_\_\_\_, the undersigned, hereby swear or affirm that the information in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is to influence the outcome of the above named study or any subsequent legislative action. I further certify that I am not an officer or agent of the State of Maine, nor do I have any pecuniary or other vested interest in the outcome of the study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor:	Date:
Title:	
Witness:	Date:

### LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES ☐ NO ☐ Date:

8/1/2003



RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: *Healthcare Task Force*

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <i>Adele L. Carroll, D.O.</i>	Date of contribution:
Address (number and street) of contributor: <i>1409 Sly Brook Road</i>	Amount of contribution: \$
City, state, zip code: <i>Eagle Lake, ME 04739</i>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	Contributor is: individual <input type="checkbox"/>
Occupation: <i>Physician - retired</i>	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
Principal place of business:	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, *Adele L. Carroll, D.O.*, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <i>Adele L. Carroll, D.O.</i>	Date: <i>8/10/17</i>
Title:	
Witness: <i>Dea L. Jensen</i>	Date: <i>8/10/17</i>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

**Name of Study:** Health Care Task Force

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <u>LYNN E. CHENEY</u>	Date of contribution: <u>8/9/2017</u>
Address (number and street) of contributor: <u>9 EVERETT LANE</u>	Amount of contribution: <u>\$ 500.00</u>
City, state, zip code: <u>BLUE HILL ME 04614</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: _____	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Occupation: <u>RETIRED</u>	
Principal place of business:	

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

I, LYNN E. CHENEY, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/9/2017</u>
Title: _____	
Witness: <u>[Signature]</u>	Date: <u>8/9/2017</u>

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care task force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Nicole Cherbuliez</u>	Date of contribution: <u>8-27-17</u>
Address (number and street) of contributor: <u>32 St George St</u>	Amount of contribution: \$ <u>200</u>
City, state, zip code: <u>Portland ME 04103</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>Physician</u>	
Principal place of business: <u>Scarborough Family Medicine</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Nicole Cherbuliez, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Nicole Cherbuliez</u>	Date: <u>8-27-17</u>
Title: <u>constituent, physician</u>	
Witness: <u>Paul Clapp</u>	Date: <u>8/27/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

RECEIVED AUG 07 201

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>William Clark</u>	Date of contribution: <u>8/4/17</u>
Address (number and street) of contributor: <u>36 Longfellow Ave</u>	Amount of contribution: \$ <u>100</u>
City, state, zip code: <u>Brunswick ME 04011</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: _____	
Occupation: <u>Retired</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business: <u>—</u>	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

N/A

I, William Clark, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>William Clark</u>	Date: <u>8/4/17</u>
Title: <u>—</u>	
Witness: <u>Catherine V. G. [Signature]</u>	Date: <u>8/4/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

8/1/2003

RECEIVED AUG 21 2017

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

**Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621**

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

<b>Name of Study:</b>	Health Care Task Force
-----------------------	------------------------

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <i>Stephen Collier</i>	Date of contribution: <i>8/17/17</i>
Address (number and street) of contributor: <i>406 Morgan Bay Rd.</i>	Amount of contribution: \$ <i>50.</i>
City, state, zip code: <i>Surry, ME 04684</i>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Occupation: <i>Retired</i>	
Principal place of business:	

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:
---

I, *Stephen Collier*, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <i>Stephen Collier</i>	Date: <i>8/17/17</i>
Title:	
Witness: <i>Sandra H. Collier</i>	Date: <i>8/17/17</i>

**LEGISLATIVE COUNCIL ACTION**

**Accept Contribution:** YES \_\_\_\_\_ NO \_\_\_\_\_ **Date:** \_\_\_\_\_

HEALTH CARE TASK FORCE  
MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study:	Health Care Task Force <b>HEALTH CARE TASK FORCE</b>
----------------	--

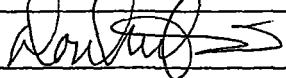
CONTRIBUTOR IDENTIFICATION

Full name of contributor: <b>Donald R. Curtis</b>	Date of contribution: <b>8/8/2017</b>
Address (number and street) of contributor: <b>PO Box 100</b>	Amount of contribution: <b>\$ 20.00</b>
City, state, zip code: <b>Levant, ME 04456</b>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: <b>withheld for ID theft concerns</b>	
Occupation: <b>retired</b>	
Principal place of business: <b>none</b>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:
---

I, Donald R. Curtis, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: 	Date: <b>8/8/17</b>
Title:	
Witness: <u>Loren Kilton</u>	Date:

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED AUG 11 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Valerie Dornan</u>	Date of contribution: <u>8/8/17</u>
Address (number and street) of contributor: <u>571 Eastside Rd</u>	Amount of contribution: \$ <u>10.00</u>
City, state, zip code: <u>Hancock ME 04640</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>teacher</u>	
Principal place of business: <u>school - Sullivan ME</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Valerie Dornan, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>V Dornan</u>	Date: <u>8/8/17</u>
Title:	
Witness: <u>M. Clark Libby</u>	Date: <u>8/8/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

RECEIVED AUG 16 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: - HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>SHERRIE ANN DOWNING</u>	Date of contribution: <u>8/13/17</u>
Address (number and street) of contributor: <u>268 PUNKINVILLE ROAD</u>	Amount of contribution: \$ <u>25.00</u>
City, state, zip code: <u>SULLIVAN, ME 04664</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>PHYSICIAN ASSISTANT</u>	
Principal place of business: <u>MAINE COAST MEMORIAL HOSPITAL</u> <u>NURSING HOME SERVICES - ELLSWORTH, ME</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, SHERRIE DOWNING, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/13/17</u>
Title:	
Witness: <u>Ray M Levine</u>	Date: <u>8-13-17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_



MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Jean Dyer	Date of contribution: 8/9/17
Address (number and street) of contributor: 2 Southside Road	Amount of contribution: \$ 25 <sup>00</sup> /100
City, state, zip code: YORK, ME 03909	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: RN	
Principal place of business: Consultant (Nurse Educator)	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Jean Dyer, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Jean Dyer	Date: 8/9/17
Title: RN Consultant	
Witness: MZ Stotts	Date: 8/9/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

RECEIVED AUG 21 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel.: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Task Force on Health Care Coverage for Maine

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Ernst</u>	Date of contribution: <u>8/11/17</u>
Address (number and street) of contributor: <u>43 Whiting Hill Road</u>	Amount of contribution: \$ <u>250.00</u>
City, state, zip code: <u>Brewer Maine 04412</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: <u>Kenexa System</u>	Contributor is: Individual <input type="checkbox"/>
Principal place of business: <u>Corporate office Brewer</u>	partnership <input type="checkbox"/> corporation <input checked="" type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Lisa Harvey McPherson, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/11/17</u>
Title: <u>VP Government Relations</u>	
Witness: <u>Robin L. Doudy</u>	Date: <u>8/11/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES ☐ NO ☐ Date:

8/1/2003

RECEIVED AUG 02 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Karen L. Farber</u>	Date of contribution: <u>28 July 17</u>
Address (number and street) of contributor: <u>93 Foreside Rd</u>	Amount of contribution: \$ <u>100</u> —
City, state, zip code: <u>Falmouth ME 04105</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: <u>Admin/Logistics</u>	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: <u>Rogers Collection, Portland ME</u>	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Karen L. Farber, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Karen L. Farber</u>	Date: <u>28 July 17</u>
Title:	
Witness: <u>[Signature]</u>	Date: <u>28 July 17</u>

LEGISLATIVE COUNCIL ACTION:

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force, SP 592

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Robert Foley</u>	Date of contribution: <u>8/9/2017</u>
Address (number and street) of contributor: <u>P.O. Box 887</u>	Amount of contribution: <u>\$ 250.00</u>
City, state, zip code: <u>Wells, ME 04090</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	In space provided below. \$
Occupation: <u>STATE REPRESENTATIVE</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business: <u>Wells, ME</u>	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Robert Foley, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Robert Foley</u>	Date: <u>8/9/2017</u>
Title: <u>STATE REPRESENTATIVE</u>	
Witness:	Date:

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES _____ NO _____	Date: _____

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 14 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: - HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Suzanne Forest</u>	Date of contribution: <u>8-8-17</u>
Address (number and street) of contributor: <u>170 East Side Rd.</u>	Amount of contribution: \$ <u>30.00</u>
City, state, zip code: <u>HANCOCK ME 04640</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #: _____	in space provided below. \$
Occupation: <u>RN</u>	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business:	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:
---

I, Suzanne Forest, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Suzanne Forest</u>	Date: <u>8-8-17</u>
Title: <u>RN</u>	
Witness: <u>Neil C. Cunniff</u>	Date: <u>8-8-17</u>

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES _____ NO _____	Date: _____

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

**Name of Study:** Healthcare Task Force

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <u>Paul Forman</u>	Date of contribution: <u>8/4/17</u>
Address (number and street) of contributor: <u>21 Cross Rd</u>	Amount of contribution: <u>\$ 25<sup>00</sup></u>
City, state, zip code: <u>Albion, Maine 04910</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>retired Physician and Ski Patrolter</u>	
Principal place of business:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

I, Paul Forman, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Paul Forman</u>	Date: <u>8/4/17</u>
Title:	
Witness: <u>Laria P. Forman</u>	Date: <u>8/4/17</u>

**LEGISLATIVE COUNCIL ACTION**

**Accept Contribution:** YES \_\_\_\_\_ NO \_\_\_\_\_ **Date:** \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 18 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Lisa H. Fortier	Date of contribution: 8/13/17
Address (number and street) of contributor: 13 Carriage Lane	Amount of contribution: \$ 50. <sup>00</sup>
City, state, zip code: Hermon, Me. 04401	If in-kind, list fair market
SS# OR FED ID #:	value here and itemize
Occupation: Social Worker	in space provided below. \$
Principal place of business: Brewer Center for Health + Rehab	Contributor is: individual <input checked="" type="checkbox"/>
	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Lisa H. Fortier, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Lisa H. Fortier	Date: 8/13/17
Title:	
Witness: Kimberly A. Leonard	Date: 8/13/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

8/1/2003

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 21 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Jeffrey S Graham</u>	Date of contribution: <u>8-17-17</u>
Address (number and street) of contributor: <u>141 Cedar Breeze Ctr</u>	Amount of contribution: \$ <u>150.00</u>
City, state, zip code: <u>Glenburn ME 04401</u>	If in-kind, list fair market value here and itemize <u>check</u>
SS# OR FED ID #:	in space provided below. \$
Occupation: <u>Physician</u>	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: <u>CA Dean Hospital Greenville ME</u>	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:  
NA

I, Jeffrey S Graham, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8-17-17</u>
Title: <u>MD</u>	
Witness: <u>Dennis O. Trach</u>	Date: <u>8-17-17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_



RECEIVED JUL 31 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Lani Graham</u>	Date of contribution: <u>7/28/17</u>
Address (number and street) of contributor: <u>PO Box 10368</u>	Amount of contribution: \$ <u>200</u> <sup>00</sup> / <sub>10</sub>
City, state, zip code: <u>Portland, ME 04104</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: <u>N/A - Not in business</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Occupation: <u>physician</u>	
Principal place of business: <u>Self-employed consultant</u> <u>Semi-retired</u>	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, LANI GRAHAM, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Lani Graham</u>	Date: <u>7/28/17</u>
Title:	
Witness: <u>Nathan MacDuffie</u>	Date: <u>7/28/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED AUG 09 2017

ED AL 2-7

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Benjamin Hagopian</u>	Date of contribution: <u>8/6/17</u>
Address (number and street) of contributor: <u>36 N Main St</u>	Amount of contribution: \$ <u>50.00</u>
City, state, zip code: <u>South Portland, ME 04106</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #	
Occupation: <u>Physician</u>	
Principal place of business: <u>Stephens Memorial Hospital</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Benjamin Hagopian, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/6/17</u>
Title: <u>Spouse</u>	
Witness: <u>Joy A Engel</u>	Date: <u>8/6/17</u>

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____

RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Martha Lynn Harmon	Date of contribution: 8-6-2017
Address (number and street) of contributor: 44 Riverside Lane	Amount of contribution: \$ 250. <sup>00</sup>
City, state, zip code: Ellsworth ME 04605	If in-kind, list fair market
SS# OR FED ID #:	value here and itemize
Occupation: retired	in space provided below. \$
Principal place of business: —	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:  
N/A

I, Martha Harmon, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Martha Harmon	Date: August 6, 2017
Title: Mrs.	
Witness:	Date:

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

<b>Name of Study:</b>	Health Care Task Force
-----------------------	------------------------

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <u>JAN L HITCHCOCK</u>	Date of contribution: <u>8/9/17</u>
Address (number and street) of contributor: <u>1117 NEWBURY NECK RD.</u>	Amount of contribution: <u>\$15.00</u>
City, state, zip code: <u>SURRY ME 04684</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>Adjunct Professor</u>	
Principal place of business: <u>Univ of Southern Maine</u>	
Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>	

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:
---

I, Jan L Hitchcock, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Jan L Hitchcock</u>	Date: <u>8/9/17</u>
Title: _____	
Witness: <u>[Signature]</u>	Date: <u>8/19/17</u>

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 04 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

me of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Janet S. Houghton	Date of contribution: 8/21/17
Address (number and street) of contributor: 22 Wildwood Drive	Amount of contribution: \$ 30.00
City, state, zip code: Cape Elizabeth, ME 04107	If in-kind, list fair market value here and itemize in space provided below. \$
SS # OR FED ID #:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Occupation: R.N. (retired)	
Municipal place of business: NR	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Janet S. Houghton Date: 8/21/17

Signature of contributor: Janet S. Houghton  
Title: R.N. (retired)  
Address: 22 Wildwood Drive Date: 8/21/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES NO Date:

1/2003

1 RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Susan Johnston	Date of contribution: 8/11/17
Address (number and street) of contributor: 2 Lighthouse Pt. Rd	Amount of contribution: \$ 50.00
City, state, zip code: Cape Elizabeth, ME 04107	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: Retired	
Principal place of business:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Susan Johnston, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Susan Johnston	Date: 8/11/17
Title:	
Witness: James Johnston	Date: 8/11/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED AUG 09 2017

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

Name of Study: Health Care Task Force

**CONTRIBUTOR IDENTIFICATION**

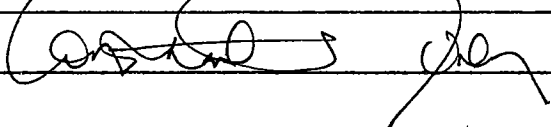

Full name of contributor: Constance W. Jordan	Date of contribution: 8.01.17
Address (number and street) of contributor: 962 Shore Rd.	Amount of contribution: \$ 50.00
City, state, zip code: Cape Elizabeth, ME 04107	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Occupation: Nurse Practitioner	
Principal place of business: Behavioral Health Resources of ME	

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

**Constance Jordan**

, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: 	Date: 8.01.17
Title: 	
Witness:	Date:

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

*Maine Providers Standing up for Health Care*

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <i>Heidi Mae Larson</i>	Date of contribution: <i>8/1/17</i>
Address (number and street) of contributor: <i>113 Adams Lane</i>	Amount of contribution: <i>\$200<sup>00</sup></i>
City, state, zip code: <i>Dedham, ME 04429</i>	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: <i>Physician</i>	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: <i>Eastern Maine Medical Center</i>	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, *Heidi M. Larson*, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <i>[Signature]</i>	Date: <i>8/1/17</i>
Title: <i>MD, MBA medical Director for Population Health, Emme</i>	
Witness: <i>[Signature]</i>	Date: <i>8/1/17</i>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

8/1/2003



RECEIVED AUG 16 2017

CK **MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

Name of Study: — **HEALTH CARE TASK FORCE**

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <b>Ray Monroe Levine</b>	Date of contribution: <b>8-13-17</b>
Address (number and street) of contributor: <b>268 Punkinville Rd</b>	Amount of contribution: <b>\$ 25.00</b>
City, state, zip code: <b>Sullivan ME 04864</b>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <b>Physical Therapist</b>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business: <b>EMHS</b>	

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

I, **Ray M Levine**, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <b>[Signature]</b>	Date: <b>8-13-17</b>
Title:	
Witness: <b>[Signature]</b>	Date: <b>8-13-17</b>

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED AUG 04 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Juliana L'Heureux	Date of contribution: 07-31-2017
Address (number and street) of contributor: 1 TURKEY RUN	Amount of contribution: \$ 100.00
City, state, zip code: TOPSHAM ME 04086	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$ 100.00
Occupation: NURSE	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: Retired	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Juliana L'Heureux, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Juliana L'Heureux</u>	Date: <u>July 31, 2017</u>
Title: <u>Nurse</u>	
Witness:	Date:

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Ann Lovegren	Date of contribution: 8/10/17
Address (number and street) of contributor: 15 Providence Ave	Amount of contribution: \$ 25.00
City, state, zip code: South Portland ME 04106	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: Family nurse Practitioner	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: CVS minuteClinic	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Ann Lovegren, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: 8/10/17
Title: Family nurse Practitioner	
Witness: <u>[Signature]</u> / Kerry Martin	Date: 8/10/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 21 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Maine Academy of Family Physicians	Date of contribution: 8/16/17
Address (number and street) of contributor: PO Box 424	Amount of contribution: \$250.00
City, state, zip code: Hartland, ME 04943	If in-kind, list fair market
SS# OR FED ID #:	value here and itemize
Occupation: 501c6 - Not-for-Profit Trade Association of Family Physicians	in space provided below. \$
Principal place of business: offices in Hartland Maine	Contributor is: Individual <input type="checkbox"/>
	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/> Other- 501c6 Trade Association

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Patrick Connolly MD, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Patrick Connolly MD</u>	Date: 8/16/17
Title: President, Maine Academy of Family Physicians	
Witness: <u>Deborah A. Halbach</u>	Date: 8/16/17
Deborah Halbach, Executive Director	

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

8/11/2017

RECEIVED AUG 17 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Task Force on Health Care Coverage for All of Maine

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Maine Association of Health Plans</u>	Date of contribution: <u>8.15.17</u>
Address (number and street) of contributor: <u>55 Downe Road</u>	Amount of contribution: \$ <u>250</u>
City, state, zip code: <u>Cumberland, ME 04021</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #: _____	in space provided below. \$
Occupation: _____	Contributor is: individual <input type="checkbox"/>
Principal place of business: _____	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Katherine Pelletreau, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8.15.17</u>
Title: <u>Executive Director</u>	
Witness: <u>[Signature]</u>	Date: <u>8/15/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

8/11/2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force (SP 592)

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Maine Community Health Options</u>	Date of contribution: <u>8/15/17</u>
Address (number and street) of contributor: <u>150 Mill Street, 3<sup>rd</sup> floor</u>	Amount of contribution: <u>\$ 500.<sup>00</sup></u>
City, state, zip code: <u>Lewiston, ME 04240</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: _____	Contributor is: individual <input type="checkbox"/>
Occupation: <u>Health Insurance</u>	partnership <input type="checkbox"/> corporation <input checked="" type="checkbox"/>
Principal place of business: <u>Lewiston, ME</u>	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Kevin Lewis, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/15/17</u>
Title: <u>President &amp; CEO</u>	
Witness: <u>[Signature]</u>	Date: <u>8.15.17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

8/11/2017

RECEIVED AUG 18 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: TASK FORCE ON HEALTH CARE COVERAGE FOR ALL

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>MAINE HOSPITAL ASSOC.</u>	Date of contribution:
Address (number and street) of contributor: <u>33 FULLER ROAD</u>	Amount of contribution: \$ <u>250 -</u>
City, state, zip code: <u>AUGUSTA, ME 04330</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation:	Contributor is: individual <input type="checkbox"/>
Principal place of business: <u>SAME AS ABOVE</u>	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, JEFFREY AUSTIN, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8-16-17</u>
Title: <u>VP OF GOVT AFFAIRS</u>	
Witness: <u>Carlene Haggerty</u>	Date: <u>8-16-17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES ☐ NO ☐

Date:

8/11/2017

RECEIVED AUG 11 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>DAVID B. McDERMOTT</u>	Date of contribution: <u>8/8/17</u>
Address (number and street) of contributor: <u>8 The McDermott Family</u> <u>873 W. Main Street</u> <u>Dover-Foxcroft, ME 04426-1029</u>	Amount of contribution: \$ <u>50-</u>
City, state, zip code:	If in-kind, list fair market
SS# OR FED ID #:	value here and itemize
Occupation: <u>Physician</u>	in space provided below. \$
Principal place of business: <u>Dover Foxcroft</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, DAVID B. McDERMOTT, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/8/17</u>
Title: <u>self</u>	
Witness: <u>[Signature]</u>	Date: <u>8/8/17</u>

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: _____



RECEIVED AUG 21 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Robert C.S. Monks</u>	Date of contribution: <u>8/16/2017</u>
Address (number and street) of contributor: <u>3 Baachus Place</u>	Amount of contribution: <u>\$ 1000.00</u>
City, state, zip code: <u>Cape Elizabeth ME 04107</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>Real Estate Developer</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business: <u>Portland</u>	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Robert C.S. Monks, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/16/2017</u>
Title:	
Witness: <u>[Signature]</u>	Date: <u>8-16-17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES ☐ NO ☐

Date:

8/11/2017

**MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL**

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

**CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY**

**Name of Study:** Health Care Task Force

**CONTRIBUTOR IDENTIFICATION**

Full name of contributor: <u>Carolyn Mor</u>	Date of contribution: <u>8/14/17</u>
Address (number and street) of contributor: <u>85 Ellsworth Rd</u>	Amount of contribution: \$ <u>50.00</u>
City, state, zip code: <u>Blue Hill ME 04614</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #: _____	in space provided below. \$
Occupation: <u>bookkeeper</u>	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: <u>self-employed</u>	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

**IN-KIND CONTRIBUTION**

Describe goods, services, etc. to be contributed:

I, Carolyn Mor, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Carolyn Mor</u>	Date: <u>8/14/17</u>
Title: <u>Individual</u>	
Witness: <u>[Signature]</u>	Date: <u>8/14/17</u>

**LEGISLATIVE COUNCIL ACTION**

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 09 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>JANE NICHOLS-ECKER</u>	Date of contribution: <u>8.7.2017</u>
Address (number and street) of contributor: <u>67 Simpson Point Road</u>	Amount of contribution: <u>\$75.00</u>
City, state, zip code: <u>BORUNSWICK, ME 04011</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>Physician Assistant</u>	
Principal place of business: <u>School Based Health Center, Port.</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, JANE NICHOLS-ECKER, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Jane Nichols-Ecker</u>	Date: <u>8.7.2017</u>
Title: <u>PA</u>	
Witness: <u>[Signature]</u>	Date: <u>8-7-2017</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force


CONTRIBUTOR IDENTIFICATION

Full name of contributor: Anastasia Norman	Date of contribution: 8/8/17
Address (number and street) of contributor: 6 Dawe Rd	Amount of contribution: \$ 10
City, state, zip code: Cape Elizabeth ME 04107	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: physician	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: Saco	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, A. Norman, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: 	Date: 8/8/17
Title:	
Witness: Susan S. Paradis	Date: 8/8/2017

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES _____ NO _____	Date: _____

RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Moira O'Neill</u>	Date of contribution: <u>8/7/17</u>
Address (number and street) of contributor: <u>1035 Newbury Neck Rd</u>	Amount of contribution: \$ <u>50.00</u>
City, state, zip code: <u>Surry ME 04684</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #: _____	in space provided below. \$
Occupation: <u>Professor</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>
Principal place of business: <u>Off contract</u>	

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Moira O'Neill, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>8/7/17</u>
Title: _____	
Witness: <u>[Signature]</u>	Date: <u>8/7/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

SOMHTF

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

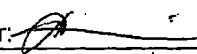
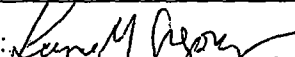
CONTRIBUTOR IDENTIFICATION

Full name of contributor: DANIEL OPPENHEIM	Date of contribution: 8/19/17
Address (number and street) of contributor: 120 WOODVILLE RD	Amount of contribution: \$
City, state, zip code: FARMINGTON, ME 04845	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: PHYSICIAN	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: Maine Medical Center	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Daniel Oppenheim, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: 	Date: 8/19/17
Title: MD	
Witness: 	Date: 8/19/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: MAUREEN ELIZABETH PAUL	Date of contribution: 08/07/2017
Address (number and street) of contributor: 35 Emerson Drive	Amount of contribution: \$ 75
City, state, zip code: Wells, Maine 04090	If in-kind, list fair market value here and itemize
SS# OR FED ID #:	in space provided below. \$
Occupation: Physician	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: Planned Parenthood of Northern New England	partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, MAUREEN PAUL, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Maureen Paul	Date: 8/9/2017
Title: N/A	
Witness: Siripanth Nippita MD	Date: 8/9/2017

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES _____ NO _____	Date: _____

RECEIVED AUG 17 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

[Office of the Executive Director] of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Delene Perley</u>	Date of contribution:
Address (number and street) of contributor: <u>15 Middle St. Unit 302</u>	Amount of contribution: \$ <u>50.00</u>
City, state, zip code: <u>Portland ME 04101</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: <u>retired</u>	
Principal place of business:	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Delene Perley, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Delene Perley</u>	Date: <u>8-14-17</u>
Title:	
Witness:	Date:

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_



MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 10 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Patricia J. Phillips, D.O.	Date of contribution: 8/9/17
Address (number and street) of contributor: 110 Forest Falls Drive	Amount of contribution: \$ 100 <sup>00</sup>
City, state, zip code: Yarmouth ME 04096	If in-kind, list fair market
SS# OR FED ID #: <u>                    </u>	value here and itemize
Occupation: physician - family medicine	in space provided below. \$
Principal place of business: Yarmouth	Contributor is: individual <input type="checkbox"/>
	partnership <input type="checkbox"/> corporation <input checked="" type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, \_\_\_\_\_, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <i>Patricia J. Phillips</i>	Date: 8/9/17
Title: physician / owner	
Witness: Jan Keith	Date: 8/9/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>BONITA JANE PRESTON</u>	Date of contribution: <u>8/9/17</u>
Address (number and street) of contributor: <u>49 MATTSAN LN.</u>	Amount of contribution: <u>\$ 100.00</u>
City, state, zip code: <u>BLUE HILL, ME 04614</u>	If in-kind, list fair market value here and itemize
SS# OR FED ID #: _____	In space provided below. \$
Occupation: <u>N/A - RETIRED</u>	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: _____	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, BONITA J. PRESTON, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Bonita J. Preston</u>	Date: <u>8/9/17</u>
Title: <u>MS.</u>	
Witness: <u>Heather J. Ketteray</u>	Date: <u>8/9/17</u>

LEGISLATIVE COUNCIL ACTION	
Accept Contribution: YES _____ NO _____	Date: _____

8/1/2003

RECEIVED AUG 02 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: SP 592 Study Group — To look at Universal Health Care in Maine

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Dr CHARLES RADIS	Date of contribution: 7/30/2017
Address (number and street) of contributor: 334 ISLAND AVE	Amount of contribution: \$ 100
City, state, zip code: PEAKS ISLAND ME 04108	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: PHYSICIAN	
Principal place of business: ELLSWORTH, ME	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed: N/A

Dr CHARLES RADIS, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Dr Charles Radis	Date: 7/30/2017
Title: Doctor	
Witness: Sandra K Radis	Date: 7/30/2017

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

RECEIVED AUG 14 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Karen Roberts	Date of contribution: 8/9/17
Address (number and street) of contributor: 12 Kestrel Way	Amount of contribution: \$ 10
City, state, zip code: Windham, ME 04062	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: Physician	
Principal place of business: 535 Ocean Ave, Portland, ME 04103	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Karen Roberts, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>K. Roberts</u>	Date: 8/10/17
Title: Physician	
Witness: <u>Ruth A. Carr</u>	Date: 8/10/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: — HEALTH CARE TASK FORCE

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Suzanne G. Roberts</u>	Date of contribution: <u>7/31/17</u>
Address (number and street) of contributor: <u>260 Falmouth Rd.</u>	Amount of contribution: \$ <u>100.00</u>
City, state, zip code: <u>Falmouth ME 04105</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: _____	
Occupation: <u>Physician</u>	
Principal place of business: <u>Southern Maine Health Care</u>	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Suzanne G. Roberts, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>[Signature]</u>	Date: <u>7/31/17</u>
Title: _____	
Witness: <u>[Signature]</u>	Date: <u>7/31/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

RECEIVED AUG 07 201

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Julie Schirmer	Date of contribution: 8/1/2017
Address (number and street) of contributor: 6 Lincoln Farms Rd	Amount of contribution: \$25.00
City, state, zip code: Falmouth ME 04105	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #:	
Occupation: Behavioral health educator/counselor	Contributor is: individual <input checked="" type="checkbox"/>
Principal place of business: Family Medicine Residency Program Tufts University School of Medicine/Maine Medical Center	partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:  
\$25 -

I, Julie M. Schirmer, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Julie M. Schirmer, LCSW	Date: 8/1/2017
Title: Director, Behavioral Science Education; Asst. Dir., Family Medicine Clerkship	
Witness: [Signature]	Date: 8/1/2017

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_\_

8/1/2003

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: Kathryn E. Sharpless	Date of contribution: 8/6/17
Address (number and street) of contributor: 186 Royall Point Rd.	Amount of contribution: \$ 100.00
City, state, zip code: Yarmouth, ME 04096	If in-kind, list fair market
SS# OR FED ID #:	value here and itemize
Occupation: Physician	in space provided below. \$
Principal place of business: Maine Medical Center	Contributor is: individual <input checked="" type="checkbox"/>
	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Kathryn E. Sharpless, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Kathryn E. Sharpless	Date: 8/6/17
Title: MD, PhD	
Witness: Jeffrey D. Kuo	Date: 8/6/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

RECEIVED AUG 18 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

me of Study: Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Name of contributor: Cynthia I. Voigt	Date of contribution: 15 August 2017
Address (number and street) of contributor: 69 King Row	Amount of contribution: \$100 <sup>00</sup>
City, state, zip code: Deer Isle, ME 04627	If in-kind, list fair market value here and itemize in space provided below. \$
# OR FED ID #:	
Occupation: writer	
Principal place of business: home	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Cynthia Voigt, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Cynthia I. Voigt	Date: 15 August 2017
Witness: W. Voigt	Date: 15 August 2017

LEGISLATIVE COUNCIL ACTION

Accepted Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_



Maine State Legislature  
Legislative Council

RECEIVED AUG 14 2017

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, ME 04333-0115

Office: Room 103, State House, Augusta, Maine  
Tel: 207.287.1615

Certification Relating to Contributions for study

Name of Study: Health Care Task Force

Contributor Identification

Gabrielle Wellman  
PO Box 148 / 42 Clayfield Rd  
Blue Hill, ME 04614

Aug: 7, 2017  
\$100.00

Retired

Contributor is individual

I, Gabrielle Wellman, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: Gabrielle Wellman Date: Aug. 7, 2017  
Title: n/a

Witness: Sonja Beal

Date: 8/7/2017

Legislative Council Action

Accept contribution: YES — NO — Date:

RECEIVED AUG 16 2017

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Act to Promote Universal Health Care Task Force

CONTRIBUTOR IDENTIFICATION

Full name of contributor: <u>Karen J. Young M.D.</u>	Date of contribution: <u>8/11/2017</u>
Address (number and street) of contributor: <u>220 Upper Bluff Road</u>	Amount of contribution: <u>\$200</u>
City, state, zip code: <u>Northport, ME 04849</u>	If in-kind, list fair market value here and itemize in space provided below. \$
SS# OR FED ID #: _____	
Occupation: <u>retired</u>	
Principal place of business: _____	Contributor is: individual <input checked="" type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, Karen J. Young, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: <u>Karen J. Young</u>	Date: <u>8/12/17</u>
Title: <u>M.D.</u>	
Witness: <u>Pe Blee</u>	Date: <u>8/12/17</u>

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

8/1/2003

MAINE STATE LEGISLATURE  
LEGISLATIVE COUNCIL

Office of the Executive Director of the Legislative Council  
Mail: 115 State House Station, Augusta, Maine 04333-0115  
Office: Room 103, State House, Augusta, Maine  
Tel: (207) 287-1615 Fax: (207) 287-1621

CERTIFICATION RELATING TO CONTRIBUTIONS FOR STUDY

Name of Study: Healthcare Task Force

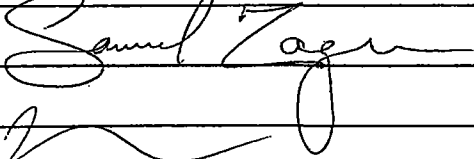
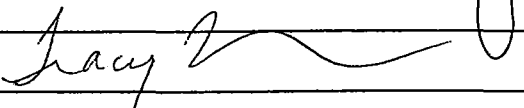
CONTRIBUTOR IDENTIFICATION

Full name of contributor: SAMUEL ZAGER	Date of contribution: 7/30/17
Address (number and street) of contributor: 90 PROSPECT ST	Amount of contribution: \$200.00
City, state, zip code: PORTLAND ME 04103	If in-kind, list fair market
SS# OR FED ID #:	value here and itemize
Occupation: FAMILY PHYSICIAN	in space provided below. \$
Principal place of business: MARTIN'S POINT	Contributor is: individual <input checked="" type="checkbox"/>
	partnership <input type="checkbox"/> corporation <input type="checkbox"/>
	foundation <input type="checkbox"/>

IN-KIND CONTRIBUTION

Describe goods, services, etc. to be contributed:

I, SAMUEL ZAGER, the undersigned, hereby swear or affirm that the information contained in this report is true and complete, that no information is knowingly withheld and that the purpose of the contribution is not to influence the outcome of the above named study or any subsequent legislative action. I further certify that I, and the employer or organization I represent, if applicable, do not have any pecuniary or other vested interest in the outcome of the above named study. I understand that this contribution is subject to acceptance by the Legislative Council.

Signature of contributor: 	Date: 7/30/17
Title:	
Witness: 	Date: 7/30/17

LEGISLATIVE COUNCIL ACTION

Accept Contribution: YES \_\_\_\_\_ NO \_\_\_\_\_

Date:

Sen. Brian D. Langley, Chair  
Richard Colpitts  
Katherine Cox  
Lynn Maddocks  
Lesley Snyder

Rep. Richard R. Farnsworth, Chair  
Andrea Disch  
Jennifer McGee  
Jerry Nault  
Carrie Woodcock



Staff:  
Phillip McCarthy  
Lucia Nixon

STATE OF MAINE

**TASK FORCE TO IDENTIFY SPECIAL EDUCATION COST  
DRIVERS AND INNOVATIVE APPROACHES TO SERVICES**

TO: The Honorable Sara Gideon, Speaker of the House, Chair of the Legislative Council;  
The Honorable Michael D. Thibodeau, President of the Senate, Vice-Chair of the  
Legislative Council; and the Legislative Council

FROM: Senator Brian D. Langley, Senate Chair *Brian D. Langley (pdm)*  
Representative Richard R. Farnsworth, House Chair *Richard R. Farnsworth (pdm)*

DATE: September 15, 2017

SUBJ: **Request for Authority to Call and Convene the Task Force To Identify Special  
Education Cost Drivers and Innovative Approaches To Services**

---

As Chairs of the Task Force To Identify Special Education Cost Drivers and Innovative Approaches to Services, we would like your permission to convene the task force. Resolve 2017, Chapter 26 gives us the authority to call and convene the first meeting of the task force after all members have been appointed. However, if all members have not been appointed -- but a majority of the appointments have been made after 30 days or more of the effective date of the resolve -- we may request the Legislative Council's authority for the task force to meet and conduct its business.

Since 10 of the 13 task force members have been appointed, we would like your authority to call and convene the first meeting of the task force in order for the task force to conduct its business.

Thank you for your consideration of our request. Please contact us if you have any questions.

cc: Grant Pennoyer, Executive Director, Legislative Council  
Marion HylanBarr, Director, Office of Policy and Legal Analysis