

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333 OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE WEBSITE: WWW.MAINE.GOV/ETHICS

PHONE: 207-287-4179 FAX: 207-287-6775

Received

FEB 0 6 2019

STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

Maine Ethics Commissio2018 Calendar Year

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

Name	Job Title		
Jerome D. Gerard	State Tax Assessor		
Department Administrative & Financial Services/Maine Revenue Services	Phone (work) (207) 624-7854		
Mailing Address (work)	E-mail Address (work)		
24 State House Station, Augusta, ME 04333-0024	jerome.d.gerard@maine.gov		

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- · A glossary is located in the back of this form.
- · If completing this form by hand, please write legibly.
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.

Please keep a copy of this statement for your records!

REPORTING DEADLINES

Constitutional Officers and the State Auditor

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by April 15 of each year they are in office, unless a report for that year has already been filed.

Appointed Executive Employees

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by April 15 of each year of their employment, unless a report for that year has already been filed.

Executive Employees in Major Policy-Influencing Positions

Executive employees in major policy-influencing positions must file the financial disclosure statement by April 15 of each year of their employment.

Leaving Office or Terminating Employment

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Executive branch employees are required to update their financial disclosure statement within 30 days of a substantial change in income, reportable liabilities or positions of the executive branch employee or an immediate family member (except dependent children) that occurs in the current calendar year. (5 M.R.S.A. § 19(3)(C)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the executive branch employee or immediate family member \$2,000 or more in the current year;
- A new reportable liability of \$3,000 or more obtained during the current calendar year;
- A new contract or other arrangement between the executive branch employee, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Part 1. Income from Employmen	7, 1, 1, 1, 1	·	<u> </u>				
None. Check this box if you did	I not have inco	me from employm	nent by a	nother.			
Name of Employer	Address	Address Principal Type of Eco Business Activity of E			Job Title		
Part 2. Income from Self-Employ	ment	· · · · · · · · · · · · · · · · · · ·					
None. Check this box if you did	I not have inco	me from self-emp	loyment.		<u> </u>		
Name of Your Business/Trade Name		Address		Princ o	ipal Type of Economic r Business Activity		
					•		
Name of Client or Customer, if required (see instructions)		Address			Principal Type of Economic or Business Activity of Client		
Part 3. Business Entities							
☐ None. Check this box if you ar	nd your immedi	ate family did not	own or c	ontrol more t	than 5% of any business.		
Name of Business					Principal Type of Economic or Business Activity		
Big G's Deli, Inc.	G's Deli, Inc. 581 Benton Avenu Winslow, ME 049		Reni/Royalty				
			-				
Part 4. Income from the Practice	of Law						
None. Check this box if you di	d not have inco	ome from the prac	tice of lav	v.			
Name of Practice or Firm Address				n's Major Areas Position: Partner, of Practice Associate, Sole Practitioner			

Part 5. Income from Any Other Sc	ource			4.00		
☐ None. Check this box if you did	not h	nave income from any other source.				
Name of Source		Address		Description of Income		
TD Ameritrade	Oma	maha, Nebraska Investments		estments		
MassMutual Financial Group (Deferred Compensation - Retirement)	Harti	rtford, Connecticut		Fixed Rate Account		
Part 6-A. Compensation Income	of Im	mediate Family Members	L			
		of your immediate family received	inc	ome of \$2,000 or more from		
Name and Job Title (do not list name of dependent child)		Employer's Name and Address		Principal Type of Economic or Business Activity of Employer		
Karla D. Gerard Artist		Self-employed		Artist		
Holly Gerard Tax Examiner		Maine Revenue Services 24 State House Station Augusta, ME. 04333-0024		State revenue services		
Part 6-B. Other Sources of Incom	ne of	Immediate Family Members				
		s of your immediate family received	linc	come of \$2,000 or more from any		
Name of Spouse or Partner (do not list name of dependent child)		Source of Income Name and Address		Type of Income		
-						

Part 7. Loans					
None. Check this box if you d	lid not have rep	ortable liabilities.			
Lender's Name	Lender's Name Lender's Address		Principal Type of Economic or Business Activity of Lender		
Part 8. Gifts, Including Travel a	ind Accommod	lations			
None. Check this box if you come.	did not receive a	any gifts.			
Source of Gif	t		Source of Gift		
1.	100 A	2.			
3.		4.			
Part 9. Honoraria		<u> </u>			
None. Check this box if you d		onoraria.			
Source of Hono	raria		Source of Honoraria		
1.		2.			
3.		4.			
Part 10. Positions in Political Ad	ction, Ballot Qu	jestion or Party Commit	ttees		
None. Check this box if you a or fundraiser of a PAC, BQC, or			surer, or principal officer, decision-mak		
Name of Committee	Name of Of	fficial or Family Member	Title		
1.					
2.					
3.					

þ

.

.

Part 11. Conducting Business	with State Agencies			
None. Check this box if neither	er you nor your immed	liate family did busin	ess with any State	agency.
Name of Agency		lual/Organization ds or Services	Description of	Good or Services
Part 12. Representing Others E None. Check this box if neith		Section 10 to 10 t	ted another before	a State agency.
Name of Agen	cy	Name of Ind	ividual Receiving (Compensation
Part 13. Positions in For-Profit	and Non-Profit Orga	nizations		
None. Check this box if you a non-profit organizations.	and members your imn	nediate family did no	t hold positions in	any for-profit or
Organization/Business and Address	Title	Name of Position Holder	Relationship to Executive Employee	Compensated Yes/No
Big G's Deli, Inc. 581 Benton Avenue Winslow, ME 04901	President	Jerome D. Gerard	Self Spouse Dependent	Yes
			☐ Self ☐ Spouse ☐ Dependent	
			□ Self □ Spouse □ Dependent	
		ATURE		
I CERTIFY THAT I HAVE EXAMIN CORRECT, AND COMPLETE. Signature	· · · · · · · · · · · · · · · · · · ·		12/3	Solate
CORRECT, AND COMPLETE. Signature	IED THIS REPORT A	ND TO THE BEST C	12/3	Sate