



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Maine Ethics Commission

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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

For the 2013 Calendar Year: January 1, 2013 - December 31, 2013

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Name Jerome D. Gerard	Job Title State Tax Assessor
Department Administrative & Financial Services/Maine Revenue Services	Phone (work) (207) 624-7854
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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 En	nployment	by Another					
□ None. Check this box	if you did n	ot have income fro	m employme	nt by an	other.		
Name of Employer		Address	Principal Type of Economic or Business Activity of Employer		Job Title		
Le G. Corp.	581 Bento Winslow,	on Ave. ME 04901	Restaurant			Vice President Treasurer	
Part 2. Income from Se	lf-Employe	nent					
None. Check this box			m self emplo	vmont			
Name of Your Business/Tra			dress	yiiioiit.	Pr		Type of Economic siness Activity
Name of Client or Customer, if instructions)	required (see	Add	dress		Principal Type of Economic or Business Activity of Client		
Part 3. Business Entition							
□ None. Check this box Name of Business			nily did not ov dress	wn or co		rincipal 7	Type of Economic
						or Bus	siness Activity
Big G's Deli, Inc.		581 Benton Ave. Winslow, ME 04901			Restaurant		
Le G. Corp.		581 Benton Ave. Winslow, ME 04901			Restaurant		
Part 4. Income from the	e Practice o	of Law					
☑ None. Check this box	if you did n	ot have income froi	n the practice	e of law.			
Name of Practice or Firm Address Your Maj		or Areas of Firm's Major Areactice Practice			eas of Position: Partner, Associate, Sole Practitioner		

□ None. Check this box if you did not have income from any other source.				
Name of Source	Address	Description of Income		
TD Ameritrade	Omaha, Nebraska	Investments (publicly traded stocks)		
Fidelity Investments	Boston, Massachusetts	Investments (publicly traded stocks)		
MassMutual Financial Group (Deferred Compensation - Retirement)	Hartford, Connecticut	Fixed Rate Account		

Part 6-A. Compensation Income of Immediate Family Members				
☐ None. Check this box if no members employment or compensation.	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 A. Gerard Artist	Self-employed	Artist		

☑ None. Check this box if no members of other source.	your immediate family received inco	ome 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 did not have reportable liabilities.				

Part 8. Gifts, Including Travel a	nd Accommodations
☑ None. Check this box if you die	not received any gifts.
Source of Gi	t Source of Gift
1.	2.
3.	4.

Part 9. Honoraria			
☑ None. Check this box if you did not received h	nonoraria.		
Source of Honoraria	Source of Honoraria		
1.	2.		
3.	4.		

Part 10. Positions in Political A	action, Ballot Question or Party Committee	9S		
☑ None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.				
Name of Committee	Name of Official or Family Member	Title		
1.				
2.				

Part 11. Conducting Business	with State Agencie	98				
☑ None. Check this box if neither	you nor your imme	diate family did busine	ss with any State ag	gency.		
Name of Agency		Name of Individual/Organization Selling Goods or Services		Description of Good or Services		
			<u> </u>			
Part 12. Representing Others I	Before State Agend	ies				
☑ None. Check this box if neithe			ed another before a	State agency.		
Name of Agen	<u> </u>		lividual Receiving C			
Part 13. Positions in For-Profit	and Non-Profit Or	nanizations				
☐ None. Check this box if you ar profit organizations.			hold positions in an	y for-profit or non-		
Organization/Business and Address	Title	Name of Position Holder	Relationship to executive branch employee	Compensated Yes/No		
Big G's Deli, Inc. 581 Benton Ave. Winslow, ME 04901	President	Jerome D. Gerard	☑ Self □ Spouse □ Dependent	Yes		
Le G. Corp. 581 Benton Ave. Winslow, ME 04901	Vice President Treasurer	Jerome D. Gerard	☑ Self □ Spouse □ Dependent	Yes		
			☐ Self ☐ Spouse ☐ Dependent			
	SIC	NATURE				
I CERTIFY THAT I HAVE EXAMIN CORRECT, AND COMPLETE.			PF MY KNOWLEDG	SE IT IS TRUE,		
Naum Dera			(3/18/1	/ Y		
Signature		<u>.</u>	// D	ate		
THE INTENTIONAL	L FILING OF A FALSE STA	TEMENT IS A CLASS E CRIM	E (5 M.R.S.A. § 19(4)(B))			