Office: 45 Memorial Circle, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Maine Ethics Commission</u> by 5:00 p.m. on April 16, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	EMPLOYEE INFORMAT	TION .			
Name Jerome D. Gerard Department/Agency/Bureau/Division Administrative & Financial Services/Revenue Services Mailing Address, City, ZIP 24 State House Station, Augusta, ME 04333-0024			Title Acting State Tax Assessor/ Executive Director Work Phone 624-7854		
PART 1. INCOI	ME DERIVED FROM EMPLO	DYMENT BY ANG	OTHER		
List the name and address of each employer freeconomic activity of each employer.		ensation of \$1,000 of	or more. Specify the principal type of		
	and a same and the stage of the state of the same and the stage of the stage of the stage of the same and the stage of the same of the same of the stage of the same of the sa	tallite film of the film of the street and an annual server.	CONTROL OF THE PROPERTY OF THE		
Name of Employer	Address		Principal Type of Economic Activity of Employer		
Le G Corp.	581 Benton Ave., Wi	inslow, ME 04	901 Restaurant		
PART 2. INCOME DE	RIVED FROM SELF-EMPLO	DYMENT OR LAV	V PRACTICE		
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	or law firm, if any, and list the m firm, professional association,	ajor areas of econo or similar business	omic activity or practice from which you entity, list the major areas of economic		
None	and and a second second second film of a management was to second and a second and a second s	ник « на на на на градича до учения на пред на градича до учения на на градича градича в градича градича гради	от не на применения в домников пред пред домне, да не		
Name and Address of Business Entity or Law	v Firm Major Areas of I	Economic Activity/ ce (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)		
Name:	· · · · · · · · · · · · · · · · · · ·				
Address:					
Name:					
Address:					

PART 2 (continued). INCOME DERIVED FROM	/ SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represent whichever is greater, and specify the principal type of economic activity of the entity form of disclosure is prohibited by law, rule, or an established code of profession activity of the entity or person from whom the income was derived.	or person from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES OF	INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. box.	Do not include gifts or honoraria. If none, check the
☐ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: TD Ameritrade	Investments
Address: Omaha, Nebraska	(publicly traded stocks
Name: Fidelity Investments	Investments
Address: Boston, Massachusetts	(publicly traded stocks
Name: ING (Deferred Compensation - Retirement) Address:	fixed rate account
PART 4. REPORTABLE LIABI	LITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you r areas of economic activity of each creditor. Do not list credit card liabilities, or ec made as campaign contributions, or business loans from regulated financial institutions.	lucational loans, loans from a relative, loans that were
☑ None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	•
Name:	
Address:	
PART 5. REPORTABLE GI	
List the specific source of gifts received during the reporting period with an aggregat	e value of more than \$300. If none, check the box.
☑ None Name of Source of Gift	Name of Source of Gift
1. 3.	Hame of Journey of Office
2. 4.	

PART 6. R	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances o	r speeches related to your official capac	ity or duties. If none, check the box.
▼ None		ere ere er en
Name of Source of Honoraria	Name of :	Source of Honoraria
1.	3.	
2.	4.	
	TATION BEFORE STATE AGENCI	
List each executive branch agency before which you or compensation of any amount other than your official salary none, check the box.	r a member of your immediate family. Indicate whether you or a family me	y represented or assisted others for imber appeared before the agency. If
☑ None	novalian their the group of the group of the control of the contro	and for Timerand and to be a second to the contract of the con
Name of Agency	indexensity in property come to be described and property in property in the property of the property in the p	ne of Agency The of Agency The of Agency
1.	3.	
	NINIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
2.	4,	
PART 8. BUSIN	NESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb	per of your immediate family sold goods	s or services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or a None	a ramily member soid the goods of service	ces. If none, check the box.
Name of Agency	Nar	me of Agency
1.	Notaryan-anganya-unawai inalimanan-angan-angan-angan-angan-angan-angan-angan-angan-angan-angan-angan-angan-ang 3.	akti mielleminataiamiil kungetajetijeges stergenes a repeatetas võratvorimmetalpalijiiiiiiiiiiinve viitetelleteemit oviske visperversuv
2.	4.	Millower till av chtigtig von einem en systemen stelste liven ländlichene kaller in der das 5 keptere sterke p
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE	FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List only not include gifts.	of income of \$1,000 or more received to do income represented. If your spous the job title of dependent children who re	by your spouse or domestic partner or e or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Karla A. Gerard	1. Artist 2.	1 Self-employed 2.
Job Title: Artist	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title: Cashier	Restaurant	Employment wages
Job Title:		
Job Title:	- Marya katika taka taka taka taka mana ana ana ana ana ana ana ana ana a	Polyting Physiology purchasses of the security and reference and restriction of the security and the securit

ď.

PART 10. OFFI	CER OR DIRECTOR	POSITIONS	PART 10. OFFICER OR DIRECTOR POSITIONS							
List any for-profit or nonprofit corporation, firm, association, held any office, trusteeship, directorship, or position of any n tion was compensated. If a family member listed, indicate years.	ature. Indicate whethe	r you or a family hel	d the position and who	liate family ether the posi-						
☐ None										
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?						
Big G's Deli, Inc.	President	Se1f	estere to construct the construction of the co	Yes						
581 Benton Ave., Winslow, ME 04901		9-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	manufacturity of the state of t							
Le G Corp.	VP/Treas.	Self	And the second s	Yes						
581 Benton Ave., Winslow, ME 04901		of the forest order	amdonninininin							
	n minimale (a novi tri trivince) e transcola di minimale di tri di ancia actava na na antina da antina da anti			en de schemid de scheming (Ale schime), e en de schemide de schedelsen et de schime						
	e verzy o zamany da	reight Color vei mace	den e feren in transfer in							
	SIGNATURE									
I affirm that the contents of this report are true, complet	te and accurate to the	e best of my knowl	ledge.							
brome Den		3/	26/10							
Signature	·····		Date							
Subscribed and sworn (affirmed) to before me this A	<i>☑</i> day of	brch.	20 <u>/°</u> .							
Signature of Notary Public/Attorney-at-law Kct C	lear House									
My commission expires <u>09/13/2010</u> (Seal is optional) (Date)										
ADDIT	IONAL INFORMATIO	DN								
Please provide any additional information below (and on the information you are providing. Use additional page	on additional sheets i es, if necessary.	f needed). Indica	te the part or sectio	n number for						
Part/Section Number				and the second and an analysis of the second and th						
	М. Съровор А. Бана (С. Б.	ammeter van met keleft for de 1994 fed fed 1997 fed fed 1997 fed 1997 fed 1997 fed 1997 fed 1997 fed 1997 fed 1	тона (тона т	Principal Principal Annual Annual A						