

## RECEIVED

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MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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 INFORMATION								
Name	Title							
DEIRBRE F GILBERT	5061	C ASST TO COMM						
Department/Agency/Bureau/Division	Work Phon	A						
DEPARTMENT OF MARINE	RESOURCES 6	24-6576						
Mailing Address, City, ZIP								
21 STATE HOUSE STATI	ON MUGUSTA,	ME 04333						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.								
None	Takan mendalah serjengan pertebagai sebahan di sebahan penganggan dara sepanggan penganggan penggan penggan pe	######################################						
Name of Employer	Address	Principal Type of Economic Activity of Employer						
:		an channa, a chain, daga milliminin ing ay pamapa a kanda a kanda a manaya a kanda dan ing a sanda dan ing a s						
	:							
PART 2. INCOME DERIVED FR	ROM SELF-EMPLOYMENT OR LAW	PRACTICE						
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.								
<b>⊠</b> None		Marakatan menangang amgambatan menangan semulah pengah panahan pang panggalagahan menang pa						
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)						
Name:	e de la companya del la companya de la companya del la companya de							
Address:								
Name:								
Address:								

PART 2 (continued).	. INCOME DERIVED FROM S	SELF-EMPLOYMENT
whichever is greater, and specify the principal type or	of economic activity of the entity of established code of professional was derived.	tents more than 10% of your gross income or \$1,000, or person from whom you derived such income. If this all ethics, specify only the principal type of economic
Name and Addre	ess of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:	"Makement is still from the fit that the fit for the f	ikan perdahan 18 mengahan 18 mengahan kemangan perdakan 19 mengan perdakan 18 mengahan 18
Address:		:
PART	3. OTHER SOURCES OF IN	<b>ICOME</b>
List each source of income of \$1,000 or more not listed box.	ed in Parts 1 or 2 of this form. Do	o not include gifts or honoraria. If none, check the
None  None	$I_{i} = \{i_{i}, i_{j}, i_{j}$	
Name and Addres	посішшистичника при	Kind of Income
Teme and Addition		(investments, leases, etc.)
Name:		
Address:	TAIIIIIIIIIVANSANANLLARIAIIIIIIIIIIIATAAAAAAAAAAAAAAAAAAAAA	
Name:		
Address:		
Name:	о доборов в Монев и по тек по на выполнения об с до на доборов до подобро по доборов до на доборов на постоя на постоя на подобро на доборов на подобро на под	
Address:		e de la companya de l
PAR	T 4. REPORTABLE LIABILIT	TIES
List the names of creditors for any <u>unsecured</u> loans areas of economic activity of each creditor. Do not made as campaign contributions, or business loans from	of \$3,000 or more that you recellst credit card liabilities, or educ	ceived during the reporting period, and list the major cational loans, loans from a relative, loans that were
None None	ĸĸŶĸŶĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	9999 - 9999   99
Name and Addres	s of Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	artigi (APA)min', hankamat am', hamma, mamma, am' aran' aran' aran' aran' aran' aran' aran' any aran' am' aran'	
Address:		
P	ART 5. REPORTABLE GIFTS	S
List the specific source of gifts received during the rep		
None		
Name of Source of Gift	$f_{ij}(x_i,y_j) = f_{ij}(x_i,y_j) + f_{ij}(x_i$	Name of Source of Gift
1.	3.	
2.	4.	

PART 6. REPO	ORTABLE HONORARIA
List the source of any honoraria accepted for appearances or spe	eeches related to your official capacity or duties. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
	i .
PART 7. REPRESENTAT	TION BEFORE STATE AGENCIES
List each executive branch agency before which you or a compensation of any amount other than your official salary. In none, check the box.	member of your immediate family represented or assisted others for adicate whether you or a family member appeared before the agency. If
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
	S WITH STATE AGENCIES of your immediate family sold goods or services with a value in excess of nily member sold the goods or services. If none, check the box.
Name of Agency	Name of Agency
1.	3.
2	4.
	BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the kind of it	come of \$1,000 or more received by your spouse or domestic partner or income represented. If your spouse or domestic partner received \$1,000 job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received Kind of Income
Name: ANDREW GILSERT 1.	Government Employer 1. Employment
Job Title: WILDLIFE SIOLOGIST 2.	2. 3.
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Title:	

PART 10. OFFICE	R OR DIRECTOR	POSITIONS			
List any for-profit or nonprofit corporation, firm, association, part held any office, trusteeship, directorship, or position of any natu tion was compensated. If a family member listed, indicate your	re. Indicate whether	you or a family held	the position and who	iate family ether the posi-	
☐ None					
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
MERRYMEETING ANDOBON SOCIETY	BOARD MEMBER	SPONSE	ANNEW	20	
	MEMBER		6'USERT		
	et et en		The state of the s	et et forte en	
				randonnum de gamente de la Section de la	
		Tonnenannannann	distribution in the second		
and the state of t			And a state of the		
S	IGNATURE				
I affirm that the contents of this report are true, complete a	and accurate to the	best of my knowl	edge.		
		·	Ü		
Signature	***************************************	<u> 3/27</u>	ZIO Date		
Subscribed and sworn (affirmed) to before me this	day of Mile	arch.	20 <i>[[0]</i> ."		
Signature of Notary Public/Attorney-at-law	e Mitte				
My commission expires	<u> </u>		INA M. HALL		
(Seal is optional) (Date)	-		· Public • Maine Expires January 18, 2	2016	
ADDITION	NAL INFORMATIO	)N			
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.					
Part/Section Number		\$\dot\(\sigma\)		остояния посоходине в шегу достуго, о учинени	
	territorio (1996), en trasperente en 1990 en 1990 en en en en el terrente (1996) en	de andres de communicación de la companya de communicación de la companya del la companya de la companya d	e encon e encommença aproximatorio de proper e consegue por enconsegue de consegue de consegue de consegue de	e proprieta de la companya de la co	