

JAN 17 2012

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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

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2012. 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.

	LEGISI	ATOR INFORMATION	
Name PAUL GILBE	RT	- 	Office: ☑ House ☐ Senate
Mailing address PO BoX 186 City, zip code			District 87
JAY 04239			897-5143
PART 1. INCOM	ME DERIV	ED FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or pu whom you received compensation of \$1,000 or m			
☐ None			
Name of Employer		. Address	Principal Type of Economic Activit of Employer
maine House of Represent.	AUG	OSTA, ME	
Maine House of Kepilsen.	251	H HOUSE SIH	Government
METERS and an annual and a second	ONGENERALINE PROPERTY IN THE PROPERTY AND SERVICE OF THE S		Retirement
SOCIAL SECURITY			Pension
PART 2. INCOME DE	RIVED FR	OM SELF-EMPLOYMENT OR LAV	W PRACTICE
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.			
None			
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity Law Practice (partnership, association, firm or simila business entity)
Name:			
Address:	NONELA DESIGNEDE DE ARRESTANDO ESTANDO MONDE DE LES PROPERTOS DE CONTRACTOS DE CONTRAC	NEW THE STATE OF T	
Name:			
Address:			

	PEDIVED EDOM CELE EMDLO	/AACNT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of eincome. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	law practice that represents more economic activity of the entity or p established code of professional eth	than 10% of your gross income or erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	hind I men ha bir alma hing big dag ayang gaya dag ga ada ga ang mil iki gana birah Big ga adam at ha mana arawa manambir birah 12 Mbara san a casa a casa a casa a casa a casa a casa a	one of the construction of the polynomial process and polynomial process and polynomial and the construction of the constructi
Address: NONE		
Name:	intatas kalikkin kili kann maarikaan amman amman kina aan kannin aan maa aan kannin aasalaa kannin aasalaa keni Kannin kannin aan aan aan aan aan aan aan aan aa	
Address:		
PART 3. OTHER S	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 of	or 2 of this form. Do not include gifts	or honoraria. If none, check the
box. □ None	00000000 de la Claudió Colambria (CORAMBRIA) de Allahamba (Copies CORAMBRIA) de CORAMBRIA de la Companión de Co	FOR the control was a shall also have been such as the successful and made provided to the successful and succe
Name and Address of Source	restriction (1905) and the state of the stat	Kind of Income
	titi tilaki rahisi Ahdamassiski dinnassin mitara oman nasisi mekentun suuri ahka senometti mastissi daki ke cattun kesisi tima tita senimati suuri ahka senometti mastissi ka cattun kesisi tima tita senimati suuri sala sala sala sala sala sala sala sal	(investments, leases, etc.)
Name: Address: // = // Address:		
Address: 4 EZW ST JAY, WE	e y 23 q annonimonimonimo funcionemento internacional anticono de la compania de la compania de la compania de la compa	RENTAL INC.
Name: Address:		Prince discourse for
	i di dikakan katalah di di dikakan di di dikakan di paka menga da giunda arha untuk jump di kagundi pinak pi	
Name:		
Address:		Province Constitute
PART 4. REPOR	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card li regulated financial institutions. If none, check the box.		
None	2791 (EE 1964 (ANS) (EE) EE 1971 (ANS 222) AD AC (EGA 2019) ANN AS ESTADOS (SANA) ARBITAN AN ARBITAN A	Principal Type of Economic
Name and Address of Creditor	etuutuutuutuu malkuun 1945 kattii tahii ee elitiinin kiin, luttuun takka kutti oo kattiinin kutti oo kattiinin	Activity of Creditor
Name:		
Address:		method (17/17/11/17/17/17/17/17/17/17/17/17/17/1
Name:		
Address:		
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period	with an aggregate value of more tha	n \$300. If none, check the box.
None	отниць на изменяющие выраченнями инструцирующей предоставленням предоставленням постройным предоставления в пр	мен ма изо в спекталителям стигни силтем материали институт мент и мент алиментальной изона спектомильного пере
Name of Source of Gift	idea of ptD is attained at the interest and a manufacture of the continuous and the con	Potentinological traduction of Gift
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	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	NOTES THE STREET, OF
None		
Name of Source of Honoraria	Name of Source of	source construction and the construction of th
1.	3.	
2.	4.	Anna Anna Bailtean (1944) Anna Anna Anna Anna Anna Bhailte (1946) Bhailte (1946) Bhailte (1946) Bhailte (1946)
PART 7. REPRESE	NTATION BEFORE STATE AGENCIES	
List each executive branch agency before which you reprobox.	esented or assisted others for compensation of an	y amount. If none, check the
None		addi anii albid lawri ddae'h (Clistor e Alexer e e e e e e e e e e e e e e e e e e
Name of Agency	Name of Age	ency
1.	3.	
2.		tuan perenenan atau sara sara sara sara yan ara sa sara sara sara sara sara sa sa sa sa sa sa sara sara sara s I
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o	r a family member sold the goods or services. If no	one, check the box.
Name of Agency	Name of Age	ency Successive successive succes
1.	3 .	
2.	4.	
PART 9. INCOME RECEI	VED BY MEMBERS OF IMMEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the k of \$1,000 or more, list his or her name and job title. List on not include gifts.	ind of income represented. If your spouse or dome	estic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: <u>Claudia</u> Gilbert Job Title: <u>Ratiret</u>	1. <u>MEPERS</u> 1 2. <u>SOCIAL SECURITY</u> 2 3 3	PENSION PENSION
Dependent Child(ren) - Job Titles Only	VONE	ook kan sa katataassi taloga da kasiitti ka ka kadaassa ka kadaa ka ka ka ta'aa ka k
Job Title:		
Job Title:		and the control of th
Job Title:		

None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
WMCA		BOARD	BOARE	>	
East u	VICTOR	MBR	MBR		No
JAY-U	1, LES MEW. LIBRA	BOARD			. 1 a
A JA	Y, ME	MBR	emittiin AA (1930 MA (1910 EEE) SA Sian AA Amellik EED Amellik EED Amellik AEED Amellik AEED AEED AEED AEED AEED		<i>NO</i>
		SIGNATURE			
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		IONAL INFORMAT	ION	Date	
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the information ye	ADDITI ny additional information below (and c	on additional sheets s, if necessary.	if needed). India	cate the part or se	
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the information yo	ADDITI ny additional information below (and continuous page) ou are providing. Use additional page	on additional sheets s, if necessary.	if needed). India		

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.