Office: 242 State Street, Augusta, Maine



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2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

☐ Please check if this is an update to a pre	viously filed statement for	the calendar year 2008.						
· LEGISLATOR INFORMATION								
Name Paul Gilbe	t	Member o						
Mailing address Po Box	186	District	87					
City, zip code Jay, ME 042	Jan, ME 04239							
PART 1. INCOME	DERIVED FROM EMPLO	YMENT BY ANOTHER						
List the name and address of each employ principal type of economic activity of each en	er from whom you receiven ployer.	ed compensation of \$1,000 of	or more. Specify the					
Name of Employer	Name of Employer Address							
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		AND THE REAL PROPERTY OF THE P	200mmetrousd denness + ++in-+versopraes at 2 sederens + + +versoprae 20000					
	OME DERIVED FROM SE Legislators who are self-er							
A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the	major areas of economic ac	tivity from which you sentity, list the major					
Name and Address of Business Entity		Economic Activity (partners	r Areas of Economic Activity hip, association or similar business entity)					
Name: Address:								
Name: Address:		OMBO NO MARANTA ARANTA (TO TO T	rphreprintshillion daudini-handrin-hanere ereppeda of Europa daude de re-me ereppyda					
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PART 2 (continu	ued). INCOME DERIVED F (For Legislators who are self-e		MENT			
B. List each source of income derived from set is greater, and specify the principal type of eco disclosure is prohibited by law, rule, or an esta the entity or person from whom the income was	elf-employment that represents conomic activity of the entity or p ablished code of professional e	more than 10% of your operson from whom you d	derived such income. If this form of incipal type of economic activity of			
Name and A	Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: .	John Market Market Control of the Co	· ·				
Address:	namental and the second		-Morenta Marini (1900)			
Name:		- Charles				
Address:	ART 3. MAJOR AREAS O	Fabacuce				
	(For Legislators who are attorneys	s-at-law only.)				
List your major areas of practice. If associated Name and Address of	EAN CARE Complete and Care Care Care Care Care Care Care Care	areas of practice of your Major Areas of Prac (self)	entropy of the control of the contro			
Name: Address:		S S S S S S S S S S S S S S S S S S S				
Name:		15 74 150 150 X X X X X X X X X X X X X X X X X X X	NA ASSERMATERA			
Address:						
List each source of income of \$1,000 or more r	ART 4. OTHER SOURCES not listed in Parts 1, 2, or 3 of the	The fact that the second of th	a gifts. If none, check the box.			
None	The second secon	The district an accordance and Mala decoderate accordance accordance and the state of the state	See the second s			
Name and A	Address of Source		Kind of Income (investments, leases, etc.)			
Name: SOCIAG SECURITY Address:		ř	MPE SOCIAL SECURITY			
Name: MAINE PUBLIC EMPLOY Address: 46 State House Sta	PLE RETIREMENT Augusta, ME	SYSTEM (MIERS) 04.333	PENSION)			
	PART 5. REPORTABLE LI					
List the names of creditors for any <u>unsecured</u> areas of economic activity of each creditor. Do	loans of \$3,000 or more that yo not list loans from a relative.	/ou received during the r	reporting period, and list the major			
None None	address of Creditor	adam ay ay 1888, ay ay 1884 ay ay 1884 ay ay 1884 ay ah	Principal Type of Economic			
Nding and A	ddress of Greditor		Activity of Creditor			
Name: Address:						
Name;	92/09/04/04/04/04/04/04/04/04/04/04/04/04/04/		TO YOU THE WORK AND			
Address:		di manuli di c				
	PART 6. REPORTABLE					
List the specific source of each gift of more that none, check the box	n \$300. Include gifts with an a	aggregate value of more	than \$300 from a single source. If			
None	an Calaba yan dagayaya ka	al de la desenvación y companyo en la companio en la companio en la companio de la companio de la companio de l	t dikana kalamanangananjakan mengapajajajang pengengan pilang katalah kang penantahan kepanan mengangan			
Name of Source of Gift 1.	3.	Name of S	Source of Gift			
2.	**************************************	deministrativo maggio por proprio promoto promoto por composto continuo con del continuo de del continuo de ministrativo de mi	his extra			

PART 7. REPORT	ABLE H	ONO	RARI	4		
List the source of any honoraria accepted for appearances or spee	and the second s	A CONTRACTOR OF THE PARTY OF TH	Mariana and the second			
None						
Name of Source of Honoraria			Name of the A	lame of Source of Honoraria		
1.	3.	vecorios::://ddistable-go-				
2.	4.	700 c na - c	- College - 100 Australia - Au	18 до но 4 т де под то Самина на 18 т 18 на 18 де до 20 до до до до до до 18		
PART 8. REPRESENTATION	N BEFOR	RE ST	ATE	AGENCIES		
List each executive branch agency before which you represented the box.						
None	of House and State of the State	***************************************	00000.don.ohomo.yog			
Name of Agency Name of Agency						
1.	3 .					
2.	4.					
PART 9. BUSINESS W	VITH STA	ATE A	GEN	CIES		
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	our immedi	liate far	nily so	old goods or services with a value in excess of		
□ None		······································				
Name of Agency				Name of Agency		
1.	3.					
2.	4.	***************************************	With management of the second	00000000000000000000000000000000000000		
PART 10. INCOME RECEIVED BY	MEMBER	RS OF	IMN	EDIATE FAMILY		
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	me of \$1.	.000 oi	more	received by your spouse or dependent child		
Type of Economic Activity Representing Source of Income Recei	ived	Circ approp	Kind of Income			
1. Social Security	amandan daga karangan da ang k Bangan da ang karangan da ang	(S)	D	SOCIAL SECURITY		
2 MPERS	**************************************	(s)	D	And the state of t		
46 Sta House Sta Hugusta, ME 040	333		<u> </u>	PEUSION		
3.		S	D	t t		
4.	GO ANN AND AN AND AND AND AND AND AND AND	S	D			
SIGN/	ATURE					
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject to a	a fine	of \$1	0 per business day until the report is filed.		
The intentional filing of a false statement is a Class E crime. If	the Comi	missio	n con	cludes that it appears that a Legislator has		

willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

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Please provide information you	any addition are providing	nal information J.	below (and on a	idditional shee	ts if needed).	Indicate the	part or	section	number fo	or the
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