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JAN 17 2012

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

## Maine Ethics Commission

## **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 <u>Clerk of the House</u> or <u>Secretary of the Senate</u> 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.

**LEGISLATOR INFORMATION** 

Kerri L. Preszott  Mailing address,  3 Goldeneye Dri  City, zip code Topsham, ME	House		
City, zip code	Ve	60 Phone	
City, zip code Topsham, ME C	74886	Phone 319-7589	
PART 1. INCOME DER	IVED FROM EMPLOYMENT BY AND	THER	
List the name and address of each private or public emply whom you received compensation of \$1,000 or more. Spe			
None			
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Priority Group 2	Main St Topsham, ME	Commercial RE Developer	
Maine State Legislature	2 Streethard	GOVIF	
	augute-Mi		
PART 2. INCOME DERIVED F	FROM SELF-EMPLOYMENT OR LAW	PRACTICE	
A. List the name and address of your business or law firm derived income. If associated with a partnership, firm, pro 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 similar business entity)	
Name:			
Address:			
Name:			
Address:			

	Regardes - The Control of the Alberta Annual Control of the Control of the Alberta Annual Control of the Control		
PART 2 (continued), INCOME I	DERIVED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment o \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the entity or pe established code of professional ethi	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	
•••••••••••••••••••••••••••••••••••••	lander and mention in the first programme and discrete and constructive an	$\frac{1}{\sqrt{2}} \left( \frac{1}{\sqrt{2}} \right) $	
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Address:			
PART 3. OTHER	SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1 box	or 2 of this form. Do not include gifts	or honoraria. If none, check the	
None	analish kuraman mamin di milang ilang kanpandi, milangan mengamban dimendi, ang angka saga didak kangga di maman ananish sang anang sagan di	umiganasya nagaranasya namangka (ing nya nyapadaday gamun nyinadang namanang gari-labuphanasya nyiladang di badah di 1920 te 1924 1924 1924 1924 1924 1924 1924 1924	
Name and Address of Source		Kind of Income (investments, leases, etc.)	
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Address:	Triplysty		
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Address:	APPROXIMATION AND APPROXIMATIO		
PART 4. REPO	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 regulated financial institutions. If none, check the box.	r more that you received during the liabilities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from	
None		en de la composition della com	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:			
Address:			
Name:		В работителя и не неменяет стативности не объектення не пределення не при не н	
Address:	Territory (Control of Control of		
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOMMODATIO	NS	
List the specific source of gifts received during the reporting period	with an aggregate value of more than	n \$300. If none, check the box.	
None	МЕДИТ СТЯ 2010 на МОНЕНИ ПОВИТИ ПОВИТЕЛЬНИКИ В МОНЕНИИ В ПОВИТИТЕ В ТОТОВИНИ В ТОТОВИНИ В ТОТОВИНИ В ТОТОВИТИТЕ	эд төмжөгд 1777 М 1860 I 1880 М 1860 М 1 Нартин нартин нарти	
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1.	3.		
2,	4.	CORE AND CONTROL OF NO CONTROL OF PROCEEDINGS PROCEDURES AND CONTROL OF THE PROCEDURE AN	

$P_{i}$	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances		
None		
Name of Source of Honoraria	Name of Sc	ource of Honoraria
1.	3.	
2.	4.	
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	s Principal Control
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the
☑ None		
Name of Agency	Name	e of Agency
1.	3.	
2.	мерения наположен стания на том объекторы объ	en e
PART 8. BUS List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you or		
Name of Agency		e of Agency
1.	nme of Agency Name of Agency 3.	
1.	• • • • • • • • • • • • • • • • • • •	
2.	<b>4.</b>	
	VED BY MEMBERS OF IMMEDIATE F	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki 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 domestic 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: Dwayne Bickford	1. Public Affairs	1. Salary
Name: VWOYNC DICKTWO	2.	2.
Job Title: VICE President	3.	3
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
				2 (CCC 2000 - State La 200 of State As a calcular state of 200 years (200 or state one as a same of	en bergen om men med en en men men men en e
«100000000000001100000 на контина и миниския учировни у подастато согласного		CONSTRUCTED AND AND AND AND AND AND AND AND AND AN	үнст манестога ангасам тасшин манш амшан көмүш менен актеп аме	CET PROPORTION OF THE ROOT TECHNIQUES AND ESPECIAL PROPERTY OF THE ROOT CHARACTERS AND ACCURATION AND ACCURATION AND ACCURATION AND ACCURATION	vällikälläänää kirjoinin kirjoinin kirjoinin kaikoidin karvoinin kirjoinin k
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		SIGNATURE			
A Legislator wh The intentional	o willfully fails to file a required statemer filing of a false statement is a Class E cr	nt is subject to a fine time. If the Commis	e of up to \$100. (	1 M.R.S.A. § 101 hat it appears that	7-A) a Legislator has
willfully filed a fa	alse statement, it shall refer its findings o	of fact to the Attorne	y General. (1 M.	R.S.A. § 1019)	a Logiciator nac
Belle	Miesson		1/	4/12	
1000	Signature			Date	-
<u> </u>			W-1000-0-0-1-1-1-1		
	ADDITI	ONAL INFORMAT	ION		
Please provide the information	any additional information below (and o you are providing. Use additional pages	n additional sheets s, if necessary.	if needed). Indi	cate the part or se	ection number for
			illinadi. Sa illin dali da	enemente en	
Part/Section Number					
			olidalish hily winnin daen more ann gun ann an ann an ann an ann an ann an ann an a		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
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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.

☑ None