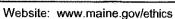
Office: 242 State Street, Augusta, Maine



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



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.

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|--|---|--|--|--|--|
| ☐ Please check if this is an update to a previously filed statement for the calendar year | 2008. | | | | |
| LEGISLATOR INFORMATION | | | | | |
| Name Kerri L. Presiott | Member of: ☐ House ☐ Senate | | | | |
| 33 Elm St. | District O | | | | |
| City, zip code Topsham, ME 04086 | 319-7589 | | | | |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY AND | OTHER | | | | |
| List the name and address of each employer from whom you received compensation principal type of economic activity of each employer. | of \$1,000 or more. Specify the | | | | |
| Name of Employer Address | Principal Type of Economic Activity of Employer | | | | |
| State of ME | Legislatk_ | | | | |
| Carlo Hwims Cale | ************************************** | | | | |
| THE SERVICE OF THE SE | en e | | | | |
| PART 2. INCOME DERIVED FROM SELF-EMPLOYMEI (For Legislators who are self-employed.) | | | | | |
| A. List the name and address of your business, if any, and list the major areas of ederived income. If associated with a partnership, firm, professional association, or simple areas of economic activity of that entity. | conomic activity from which you lar business entity, list the major | | | | |
| Name and Address of Business Entity Major Areas of Economic Activity (self) Name: CM2Ma DC914M2 Address: 33 Elm 81 C 1) a5ham | Major Areas of Economic Activity (partnership, association or similar business entity) | | | | |
| Name: The Cryst. Address: 11 Winness Circle, Topsham Display Advertise | A Linear Market | | | | |
| 64086 Sales | 0 | | | | |

| PART 2 (continued). 1 | NCOME DERIVED FROM SELF-E Legislators who are self-employed.) | MPLOYMENT | |
|---|--|--|--|
| B. List each source of income derived from self-emplois greater, and specify the principal type of economic disclosure is prohibited by law, rule, or an established the entity or person from whom the income was derive | oyment that represents more than 10% activity of the entity or person from who code of professional ethics, specify o | om you derived su | uch income. If this form of |
| Name and Address | of Source | Activity | cipal Type of Economic y of Entity or Person Who e Source of the Income |
| Name: | . Mang i Papangan dan digi digipapan Mandan dan dan dan dan dan dan dan dan da | namakanan dina manangin ya pilipi dalikikia dan wasa maping piwa Eli Eli Eli Eli Eli | iladi sili arramaka adalahili keningi kari taka dalah dalah sili dalah sili anga pakenjara sa tabu |
| Address: | · · | | |
| Name: | The state of the s | Martine Commission Com | andreamanne of the state of the |
| Address: | | Nidshidoray | |
| | MAJOR AREAS OF PRACTICE gislators who are attorneys-at-law only.) | | |
| List your major areas of practice. If associated with a | | e of your firm. | |
| Name and Address of Firm | | s_of-Practice | Major Areas of Practice |
| Name: | | self) | (firm) |
| Address: | 13.20 | Villebour and | · |
| Name: | | DACODARINA AND THE PROPERTY OF | |
| Address: | ik me ne AKKANASISINS | West of the second seco | |
| PART 4. | OTHER SOURCES OF INCOME | | |
| List each source of income of \$1,000 or more not lister | And the second s | And the second s | none, check the box. |
| None | -vince-right or (1-9-)-Mill (1-2-)-Mill (Mill or Mill Million) -right (Mill Mill Mill of Mill Mill Mill Mill Mill of Mill Mill Mill of | | t in , which although the control of |
| Name and Address | of Source | | Kind of Income |
| Name: | | (Inve | estments, leases, etc.) |
| Address: | | de the second | |
| Name: | | *************************************** | tan Andrews Andrews and Conference of the Confer |
| Address: | | | |
| PART ! | 5. REPORTABLE LIABILITIES | | |
| List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list | f \$3,000 or more that you received du | ring the reporting he box | period, and list the major |
| None | | The second secon | органия подражения по простоя по выполнения на простоя по простоя по простоя по простоя по простоя по простоя |
| Name and Address o | of Creditor | | ipal Type of Economic Activity of Creditor |
| Name: | | *** | |
| Address: | | | |
| Name: | | | ************************************** |
| Address: | \$ | | |
| | RT 6. REPORTABLE GIFTS | | |
| List the specific source of each gift of more than \$300. none, check the box | Include gifts with an aggregate value | of more than \$300 | from a single source. If |
| None | | VAM | |
| Name of Source of Gift | and any control of the first control of the control | ame of Source of | Gift |
| 1. | 3. | - | |
| 2. | 4. | And Annual representation of a security of the | was every 26 de house 944 + 0.00020000000000000000000000000000000 |

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| | PART 7. REPO | | | | |
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| or and the second s | onoraria accepted for appearances or s | speeches relate | ed to y | our officia | al duties. If none, check the box. |
| None | and the second s | | | ************************************** | , |
| Name | e of Source of Honoraria | | | Nam | ne of Source of Honoraria |
| 1. | | 3. | | | |
| 2. | orthological control c | 4. | Managa Paramaka (Managa An | 60000000000000000000000000000000000000 | |
| | PART 8. REPRESENTA | TION BEFOR | E ST | ATE AG | ENCIES |
| List each executive bra the box. | nch agency before which you represer | nted or assiste | d othe | ers for con | mpensation of any amount. If none, chec |
| ☑ None | VIRSII ISSEELEEBAAARII dadaa kanadaa aanaa aanaa aanaa aanaa aanaa ahaa ahaa aanaa aanaa aanaa aanaa aanaa aana | varaanaanaanaanaanaanaanaanaanaanaanaanaa | | | |
| kikka kikusa ja ja ja kata satuna ja | Name of Agency | | | | Name of Agency |
| 1. | | 3. | | | |
| 2. | | 4. | | POPERATO PORTO DE PERONA DE LA CASA DE LA CA | |
| | PART 9. BUSINES | S WITH STA | TE A | GENCIE | 8 |
| List each executive brar \$1,000 during the report | nch agency to which you or a member of the state of the s | of your immed | iate fa | mily sold | goods or services with a value in excess of |
| None | COCCEPTANA NA CARRA CARR | And the second s | ennémantics. | SATTRIOUNING AND | |
| | Name of Agency | CONTROL CONTRO | | A COLUMN TO THE | Name of Agency |
| 1. | | 3. | | | |
| 2. | neesiaanisessa variatiin tariin t | 4. | ### 919#F3#9#C*F34616999 | | |
| | PART 10. INCOME RECEIVED | BY MEMBE | RS O | FIMMED | DIATE FAMILY |
| List the type of econom (ren) during the reportin "D" for income received | g period and the kind of income repres | income of \$1 ented. Do not | ,000 c i inclu | or more re de gifts. (| eceived by your spouse or dependent child Circle "S" for income received by spouse of |
| Type of Economic Ac | ctivity Representing Source of Income F | Received | appro | cle priate ter | Kind of Income |
| 1. Restaus | int Hostess | | S | (D) | Salaru |
| | claimed by father a | 5 | S | D | enterviewen von terreterisen in in interviewen in interviewen in interviewen in interviewen in interviewen in i |
| 3. | - Deplace | ***) | S | D | |
| 4. | 0.000.000 to the following of the control of the co | 7.0.0000000000000000000000000000000000 | S | D | |
| | | | | | |
| | SI | GNATURE | | | |
| A Legislator who willful | lly fails to file a required statement | is subject to | a fine | of \$10 r | per business day until the report is file |
| 1 M.R.S.A. § 1017-A) | • | • | | , - I | , |
| he intentional filing of | a false statement is a Class F crime | e If the Com | misei | on concli | ides that it appears that a Legislator ha |

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)

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| NAME: | DATE: | | | | | | | |
| ADDRESS: | | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | |
| Please provide information you | any additional information below (and on additional sheets if needed). Indicate the part or section number for the pre- | | | | | | | |
| Part/Section Number | | | | | | | | |
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