

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

## **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

Name			Office:
ANN E. PEOPLES			団 House □ Senate
Mailing address			District
Mailing address  22 GARFIELD ST		•	125
City, zip code WESTBROOK 0409.	2		Phone 856 - 7264
PART 1. INCOM	IE DERIVE	D FROM EMPLOYMENT BY AN	OTHER
List the name and address of each private or pul whom you received compensation of \$1,000 or me	blic employe ore. Specify	er, including the Legislature and any the principal type of economic activit	agency or subdivision of the State, from y of each employer.
Base Annual State of the Control of	HI (etiil)/IEPretiiie(e(+i)p	ommontes del del del del del del del del mentione de la mente de la mente de la mente del del del del del del d	KIDAN PARTINENENGAN PENJAMBAN MANYAWAT MANAMAN MANAMAN KIDAN KIDAN KIDAN PANYAWA AMBAN AMBAN KIDAN BANGARAN KANAMAN KIDAN KI
Name of Employer	TRANSPORTER AND TO STATE THE ACT OF THE STATE OF THE STAT	Address	Principal Type of Economic Activity of Employer
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US SOCIAL SECURITY ADMINISTRATION	PoR	CLAND 04103	RETIREMENT
KIMBERLY CLARK CORP			PENSION
	a the same	OM SELF-EMPLOYMENT OR LA	
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	or law firm, if firm, profes	any, and list the major areas of eco sional association, or similar busines	nomic activity or practice from which you s entity, list the major areas of economic
☑ 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:	***************************************	ggi da anandi da da ang mang da ang mga kanana sa ang kanana sa ang mga kanana sa ang mga mga mga mga mga mga mga mga mga mg	reaction and the second of the
Address:			
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Name:			
Address:			

PART 2 (continued). INC	OME DERIVED FROM S	ELF-EMPLOYMI	ENT
B. List each source of income derived from self-employ \$1,000, whichever is greater, and specify the principal to income. If this form of disclosure is prohibited by law, rule economic activity of the entity or person from whom the inc	pe of economic activity of , or an established code of p	the entity or perso	on from whom you derived such
Name and Address of S	Source	ORTHOLOGICAL STATE	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Эттом тиновекского голоском мехата на Состоин вой остойной долоской выпуской основную устанований в под постав Постоя	PORTE EN IMPROS E PER POPULA A AND PROPRIETTE DA VER PORTE EN APPENDE DA ANTIGET DA ANTIGET DE LA PRINCIPACIONE	MAKARIMAT OLIM KOMPONIA AMMININININININININININININININININININI
Address:		in Contractable and a	
Name:	CORRECT COMMITTEE	THE THE THE PROPERTY OF THE PROPERTY AND THE PROPERTY AND THE PROPERTY AND THE PROPERTY OF THE	oreverselven en e
Address:		A Commission of Annual of	
PART 3. O	THER SOURCES OF INC	OME	
List each source of income of \$1,000 or more <u>not listed</u> in F box.	arts 1 or 2 of this form. Do	not include gifts or	honoraria. If none, check the
None	nsiidhti e Priord Prointilli Trillid di Mandole Philipiais e dhii mannar i addanlar nobhallar nobhallar gan poijonnyn ga ga ga g	*****TOOOOGAATAAAA FAAAA AA FAAAA TATAA KAAAA WAAAA WAAAA WAAAA AA AA AA AA AA AA	BELLEVILLE FOR PORT OF TO SPECIAL PROPERTY OF THE ANALYSIS AND
Name and Address of S	ource	AND ESTABLISH SOURCES AND ASSESSMENT TO A CONTRACT TO A CO	Kind of Income (investments, leases, etc.)
Name:		The Contract of the Contract o	
Address:			
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Name:	alameter de establica de la companya	a a non comita ma some en este en	METAGORIZAN MEN-NAMPON NEMBON-MORAN COMMONINA MENANCIA PER MEMBONA COMPONINTI DEPREMINACIONA AND MORAN MENANCIA
Address:		TUVA PARAGETA	
PART 4.	REPORTABLE LIABILIT	<b>ES</b>	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list cred regulated financial institutions. If none, check the box.			
☑ None	dadari (tibera fi ti tiraka (колоно) i i iliaka (колоно) и и и и и и и и и и и и и и и и и и и	armen et en europs som er en	THATTER FOR HER TO CONTROL OF SECULO AND
Name and Address of C	editor		Principal Type of Economic Activity of Creditor
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Address:			•
PART 5. GIFTS, INCLUI	DING TRAVEL AND ACC	OMMODATIONS	3
List the specific source of gifts received during the reporting			
None	TO PERMANENT OF FOR IT IS THE TRANSPORT OF THE STREET THE STREET AND STREET AND STREET AND STREET AND STREET A	TINES DATAS SEED of which and the control of the co	
Name of Source of Gift		Name of Sou	irce of Gift
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<b>P/</b>	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
<b>∑</b> None	Modely progression on recombinating Administration (Commission recommended in Commission	onempropring the second of the
Name of Source of Honoraria	Name of Sc	ource of Honoraria
1.	3.	
2.	4.	KARIBATI INGGO PAN MANAMATAN AND KARIBATI INGGO PAN MANAMATAN AND AND KARIBATI INGGO PAN PAN MANAMATAN AND AND AND AND AND AND AND AND AND A
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	S
List each executive branch agency before which you repre- box.	esented or assisted others for compensatio	n of any amount. If none, check the
☑ None		
Name of Agency	Name	e of Agency
1.	<b>3</b> .	,
	4.	
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o  None  Name of Agency  1.	r a family member sold the goods or service	es. If none, check the box.  e of Agency
2.	4.	
PART 9. INCOME RECEIVATE 1. List the type of economic activity representing each source dependent child(ren) during the reporting period and the key of \$1,000 or more, list his or her name and job title. List or not include gifts.	ind of income represented. If your spouse nly the job title of dependent children who re	y your spouse or domestic partner or 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
DAVALOU T DOOLES	1. SSI RETIREMENT 2. "	1. SSI 2. PENSION
Name: PATRICK J PEOPLES	2. "	2. PENSION
Job Title:	3.	3
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		**

	s compensated. If a family member is lis	sted, indicate your relation	and the name	Of the failing incline	· · · · · · · · · · · · · · · · · · ·	
None None						
ettitide VARIOTISTI I SII ASTATISTISTI AN PRIA MARIA PARA PARA PARA PARA PARA PARA PARA	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?	
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		SIGNATURE				
A Legislator wh	no willfully fails to file a required state		ine of up to \$100.	/1 M.R.S.A. § 1017	7_ <b>A</b> )	
an	E. Perples Signature			74/1 <u>2</u> Date		
	Signature		Date			
	·					
	392/2011 Committee Committ	DDITIONAL INFORMA				
Please provide	AD any additional information below (a you are providing. Use additional p	and on additional shee		cate the part or se	ction number for	
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PART 10. OFFICER OR DIRECTOR POSITIONS