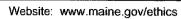
Office: 242 State Street, Augusta, Maine



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.

☐ Please check if this is an update to a prev	riously filed statement for the calendar year 2	2008			
	LEGISLATOR INFORMATION				
Name Peggy A Pendl Mailing address LIO Holmes Rd. City, zip code Scarborough	Member of: ☐ House ☐ Senate District				
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER			
List the name and address of each employe principal type of economic activity of each em	er from whom you received compensation oployer.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
None					
und material and discovery of the control of the co					
NOTIFICATION AND AND AND AND AND AND AND AND AND AN		en e			
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	r			
A. List the name and address of your busing derived income. If associated with a partners areas of economic activity of that entity.	ness, if any, and list the major areas of ecship, firm, professional association, or simila	onomic activity from which you ar business entity, list the major			
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Áreas of Economic Activity (partnership, association or similar business entity)			
Name: Address: NONE					
Name: Address:		CONTINUES CANADON A			

PART 2 (continued). INCOME DE (For Legislators wh	RIVED F	ROM SELF-EMPL	DYMENT		
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	entity or p	erson from whom vo	u derived	such income. If this form of	
Name and Address of Source	Activ	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:		•	Andrew State		
Address: NoNE					
Name:			V	TOOL TO BE AN ART OF THE PROPERTY OF THE PROPE	
Address:			NEW STATES		
PART 3. MAJOR A (For Legislators who at			Andrew Charles Control of the Contro		
List your major areas of practice. If associated with a law firm, list t			ur firm.		
Name and Address of Firm	MARKET VALUE AND	Major Areas of P	menument entire processor of course	Major Areas of Practice	
News		(self)	100 (100 (100 (100 (100 (100 (100 (100	(firm)	
Name: Address:	1	1. NO NO 10 10 10 10 10 10 10 10 10 10 10 10 10			
	: 		***************************************		
Name: Address:				A VITAL PART A VIT	
	NUBALO		An extraction of second control of second contro		
PART 4. OTHER SO List each source of income of \$1,000 or more not listed in Parts 1, 2	The state of the s		de aifts	If none check the box	
None .	MCCATALLA MCCAMANANANANANANANANANANANANANANANANANA	ann an 1990 an Aireann	ALVANDA VANDO PROPERTORIO	nd 1 arrows (to the 11 till the South Associated Source at the content of the trade	
Name and Address of Source	A STATE OF THE STA			Kind of Income	
Admic dia reduces of Optice			(in	westments, leases, etc.)	
Name:					
Address:	······································		*****		
Name:			Avenue (Ar Carlotte		
Address:					
PART 5. REPORT	year. Maarin haarin historia				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list loans from a	ore that y relative. I	ou received during th f none, check the box	e reportin (ng period, and list the major	
None	overweek de Jahandoonstanderchaal	өөсөө жана жана жана жана жана жана жана жа	ercyclamoreoreolaeoloeoloeoleeleeleeleele	Молина и не надава у 77 в 77 об 77 77 79 95 77 об 75 об 76 06 76 16 16 16 16 16 16 16 16 16 16 16 16 16	
Name and Address of Creditor			Pri	ncipal Type of Economic Activity of Creditor	
Name:			estation to a special to		
Address:					
Name:			-	The state of the s	
Address:			A + A * A + A + A + A + A + A + A + A +		
PART 6. REPO	<u>Elikaria regulation</u>				
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an a	ggregate value of mo	re than \$3	300 from a single source. If	
None ,		TOTAL TO	***************************************	TVC 1986 STATE AND	
Name of Source of Gift 1.	3.	Name o	f Source	of Gift	
2.	4.	27/00/00/00/00/AMANENINANANANANANANANANANANANANANANANANAN			

PART 7. REPORT	ABLE HONORARIA
List the source of any honoraria accepted for appearances or spee	ches related to your official duties. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.
PART 8. REPRESENTATIO	N BEFORE STATE AGENCIES
List each executive branch agency before which you represented the box.	or assisted others for compensation of any amount. If none, chec
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. BUSINESS V	VITH STATE AGENCIES
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	our immediate family sold goods or services with a value in excess of
☑ None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 10. INCOME RECEIVED BY	MEMBERS OF IMMEDIATE FAMILY
List the type of economic activity representing each source of inc (ren) during the reporting period and the kind of income represente "D" for income received by dependents.	ome of \$1,000 or more received by your spouse or dependent child ed. Do not include gifts. Circle "S" for income received by spouse of
Type of Economic Activity Representing Source of Income Rece	Circle eived appropriate Kind of Income letter
1. Rotinement (maine, State)	Ce D
1. Retirement (maine State) 2. Sales Associate	D Solory
3.	S D
4.	S D
SIGN	ATURE
A Legislator who willfully fails to file a required statement is s (1 M.R.S.A. § 1017-A)	ubject to a fine of \$10 per business day until the report is filed
The intentional filing of a false statement is a Class E crime. I willfully filed a false statement, it shall refer its findings of fact to	f the Commission concludes that it appears that a Legislator ha 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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Please provide any additional information you are providing.	information	below	(and on	additional	sheets	if needed).	/ Indicate	the pa	art or	section	number	for the
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