

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

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.

	IEGIS	SLATOR INFORMATION			
None	The second secon				
ANN E. PEUPLES		Member of:  ☑ House ☐ Senate			
ANN E. PEOPLES  Mailing address  22 GARFIELD ST		District 125			
City, zip code WESTBROOK 04092	терия (при при при при при при при при при при	Phone 866-7364			
		VED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each er principal type of economic activity of ea	nployer from ch employer.	whom you received compensation of	of \$1,000. or more. Specify the		
Name of Employer		Address	Principal Type of Economic Activity of Employer		
MOUNTAIN LTD	PINELAND NEW GLOUCESTER, HE		TEMP AGENCY		
		· · · · · · · · · · · · · · · · · · ·			
	(For Legisla	ERIVED FROM SELF-EMPLOYMEN ators who are self-employed.)			
<ul> <li>A. List the name and address of your derived income. If associated with a prairies of economic activity of that entity.</li> </ul>	r business, i artnership, fi	if any, and list the major areas of edirm, professional association, or similar	conomic activity from which you ar business entity, list the majo		
Name and Address of Business E	ntity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name: Address:					
Name:			MC (2005)		
Address:					

PART 2 (continued). INCOME DEI (For Legislators who	RIVED FROM SELF-EMPLOYME are self-employed.)	NT .
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 profethe entity or person from whom the income was derived.	entity or person from whom you deriv	ed such income. If this form of pal type of economic activity of
Name and Address of Source	Α	Principal Type of Economic ctivity of Entity or Person Who is the Source of the Income
Name: Address:	No control to Account	
Name:	TOTALLA MATERIA (MATERIA (MATERIA) (MATERIA) (MATERIA) (MATERIA (MATERIA) (M	and the second of the second o
PART 3. MAJOR AF	REAS OF PRACTICE	
	attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	CONTRACTOR	One Charles and the Comment of the C
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	ik Ponto a librai	
Address:	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	PROTOTO PROTOTO TO T
Name:	* 0 m 1110 m 2 m 1110 m 111	T
Address:		
PART 4. OTHER SO	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not include gift	s. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	er trianing tree constitu	,
Address:	Ali Baalanari	
PART 5. REPORT.	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the reported that you received during the reported that you relative. If none, check the box	orting period, and list the major
□ None .		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPO		
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more that	n \$300 from a single source. If
□ None		30 TO 10
Name of Source of Gift 1.	Name of Sour 3.	ce of Gift
2.	4.	PPT/PPT/TYPOTY/NOCEDIA/COSTE

N,

PART 7. REPO	RTABLE HO	NOR	ARIA	
List the source of any honoraria accepted for appearances or sp	eeches related	d to yo	our off	icial duties. If none, check the box.
None	CONTRACTOR OF PROPERTY AND	14 to the second of the second		
Name of Source of Honoraria		N. COLONIA CARLOS AND C. C. C	N	ame of Source of Honoraria
1.	3.			
2.	4.	: #Sidinalife-demography	sist-ottorsios-contains	Mengeneratives
PART 8. REPRESENTATI	ON BEFORE	E ST/	NTE /	AGENCIES
List each executive branch agency before which you represente the box.	ed or assisted	other	's for	compensation of any amount. If none, check
None	**************************************	WWY THE PLANT OF THE PARTY OF T	***************************************	
Name of Agency				Name of Agency
1.	3.			
2.	4.	William Communication	vindinisy minerapy i istololika	The distribution of the control of t
PART 9. BUSINESS		Sec. 52.000.000.000.000.000		
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immedia	ite fan	nily so	ld goods or services with a value in excess of
None	100 million 100 million of the control of publishing and project (2012) 100 million (2012)		Janvachdessocksco	USBANINANTIKO INTERA ARTO NITO PROTESTI PORTINI PORTINI PORTINI PORTINI PORTINI PORTINI PORTINI PORTINI PORTINI
Name of Agency	TOTAL CONTRACTOR STATE OF THE S	And the latest of	ores recree escap	Name of Agency
1.	3.			
2.	4.	MARIE TO LANGUAGE PROPERTY OF THE PARTY OF T	ISPOSSOVSISSION COLUMN	90038464868464444444444444444444444444444
PART 10. INCOME RECEIVED B	Y MEMBER	S OF	IMM	EDIATE FAMILY
List the type of economic activity representing each source of ir (ren) during the reporting period and the kind of income represer "D" for income received by dependents.	ncome of \$1.0	)00 or	more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Re	ceived a	Circl approp lette	riate	Kind of Income
1. SOCIAL SECURITY		s)	D	RETIREMENT
2. SAPPI LTD	On Architecture (Control	<i>§</i>	D	RETIREMENT PENTION
3. USH	(	s)	D	EDUCATIOS
4.	2	S	D	
SIG	NATURE			
A Legislator who willfully fails to file a required statement is (1 M.R.S.A. § 1017-A)	subject 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. willfully filed a false statement, it shall refer its findings of fact to	If the Comm	nissio: v Gen	n con	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed				ement or has willfully filed a false statement
the Legislator shall be presumed to have a conflict of interequestion in committee or in either branch of the Legislature, (1 M.R.S.A. § 1019)	est on every o	quest	tion a	nd shall be precluded from voting on any
Charl Portly			,/	15/09

Date

Signature

NAME: AN	N	E,	PEOP	LES			DATE:	1/15/09
ADDRESS: 2	2	GAR	FIELD	57)	WSBR	04092	indideberraterration and	
			The second secon			AL INFORMATION		
information you a	any a are pr	additional oviding.	information	below	(and on addi	tional sheets if nee	eded).	Indicate the part or section number for the
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