



**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 previously filed statement for the calendar year 2008.

LEGISLATOR INFORMATION	
Name <i>ANN E. PEOPLES</i>	Member of: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Mailing address <i>22 GARFIELD ST</i>	District <i>125</i>
City, zip code <i>WESTBROOK 04092</i>	Phone <i>866-7264</i>

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER		
List the name and address of each employer from whom you received compensation of \$1,000. or more. Specify the principal type of economic activity of each employer.		
Name of Employer	Address	Principal Type of Economic Activity of Employer
<i>MOUNTAIN LTD</i>	<i>PINELAND NEW GLOUCESTER, ME</i>	<i>TEMP AGENCY</i>

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)		
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:		

**PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT**

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	

**PART 3. MAJOR AREAS OF PRACTICE**

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address:		
Name: Address:		

**PART 4. OTHER SOURCES 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 gifts. If none, check the box.

None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	

**PART 5. REPORTABLE LIABILITIES**

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

**PART 6. REPORTABLE GIFTS**

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.



NAME: ANN E. PEOPLES

DATE: 1/15/09

ADDRESS: 22 GARFIELD ST, WSBK 04092

**ADDITIONAL INFORMATION**

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section  
Number

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