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MAINEETHOS COMMISSION

OMMISSION 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

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2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Maine Ethics Commission by 5:00 p.m. on April 16, 2010. 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.

	EMPL	OYEE INFORMATION	٧			
Name William A. Peabody		Title Director, Bureau Labor Standa				
Department/Agency/Bureau/Division Dept. Labor, Bureau of Labor Standards			Work Phone			
				207-623-7925		
Mailing Address, City, ZIP	en en ar en	e entremente en en entremente en	vinnamin Savaravuma marumin (i	erna matemataman mana erna erna erna erna erna erna erna e		
7 Nancy Drive, Brunswic	k ME 04011					
PART 1. II	NCOME DERIV	ED FROM EMPLOYN	IENT BY ANO	THER		
List the name and address of each emplo economic activity of each employer.	yer from whom	you received compensal	tion of \$1,000 or	more. Specify the principal type of		
None	an tanàna amin'ny taona	HHIMENEN AND ARROWS ARROWS AND ARROWS AND ARROWS HIMENEN ARROWS AND ARROWS AND ARROWS ARROWS AND ARROWS	e y graen y entre gregorium en mistrata el lordinari le destinata en mistrata el primerio	www.prop.millin.programs.com.proproproproproproproproproproproproprop		
Name of Employer		Address	A CONTRACTOR OF THE PROPERTY O	Principal Type of Economic Activity of Employer		
		+ constant + constan	TT YOU WANTER THE THE PROPERTY OF THE PROPERTY	$ + 275 \pm 47.9 \pm 69.000000000000000000000000000000000000$		
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PART 2 INCOM	F DERIVED FR	OM SELF-EMPLOYN	IENT OR LAW	PRACTICE		
A. List the name and address of your busin derived income. If associated with a partner activity or practice of that entity.	rship, firm, profes	ssional association, or si	areas of econon milar business e	nic activity or practice from which you nity, list the major areas of economic		
None	Transference Verteining Communication of the market and service of the service of	Programment (Prilliam of the Control	e de la faction de la communitation de la conference de la communitation de la communitation de la communitation de la conference de la confer	the Color of the C		
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Practice (self)		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)		
Name:	the state of the s	e	PS (Zakhahaha) (mhambalanha) (mambalanha) (mambalanha) (mambalanha) (mambalanha) (mambalanha) (mambalanha) (ma	·		
Address:						
None		renderen anderen de metropolitische Indian India	ett opplytte aante en steet faat de aanmaa fan maas aanfeste segesteryn.			
Name:						

PART 2 (continued). INCOME	DERIVED FROM SELF-EMPLOYI	MENT
B. List each source of income derived from self-employment or whichever is greater, and specify the principal type of economic a form of disclosure is prohibited by law, rule, or an established activity of the entity or person from whom the income was derived	activity of the entity or person from who code of professional ethics, specify of	om you derived such income. If this
Name and Address of Source	hamber 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		\$\$\.\daggrees\.\daggre
Name:		
Address:		
PART 3. OTHER	SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 box.	or 2 of this form. Do not include gifts of	or honoraria. If none, check the
None		$\frac{1}{2} \left(\frac{1}{2} \left$
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Jackson Nat'l Life	(Amagan) paga paga paga paga paga paga paga pag	Beneficiary
1 Corporate Way, Lansing MI 48951 Address:		on annuity
Name: Hartford Life Insurance Co.	reputting neutropean, finosy aan ja var of panadaksaadaksiadaksi hamidak kijutti tili tili pitti ti	Beneficiary
200 Hopmeadow St., Simsbury, CT 06089)	on annuity
Name:		
Address:		
DADT A DEDC	ORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 c		reporting period, and list the major
areas of economic activity of each creditor. Do not list credit camade as campaign contributions, or business loans from regulate. X None	ard liabilities, or educational loans, loa	ins from a relative, loans that were
		Principal Type of Economic
Name and Address of Creditor		Activity of Creditor
Name:		
Address:		
Name:		
Address:		
	PORTABLE GIFTS	
List the specific source of gifts received during the reporting period	d with an aggregate value of more than	\$300. If none, check the box.
None None of Source of Ciff	Nome of S	Source of Gift
Name of Source of Gift 1.	3.	source or Gill
2.	a, e,	kerminari 1995, mari tampakat setipat jarippa seripapan pat pat paja kaman ampanjan jari 1997 mahat marp

	REPORTABLE HONORARIA or speeches related to your official capacity or duties. If none, check the box.
None	or speeches related to your official capacity or outles. If from the box.
Name of Source of Honoraria	Name of Source of Honoraria
1.	Matthe of Source of Foliogians Water of Source of Foliogians Matthe of Source of Foliogians
1.	
2.	4.
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIES
List each executive branch agency before which you o	or a member of your immediate family represented or assisted others for an arrangement of your immediate family member appeared before the agency.
None	
Name of Agency	Name of Agency
1.	3.
2.	4.
PART 8. BUSI	SINESS WITH STATE AGENCIES
List each executive branch agency to which you or a mem	mber of your immediate family sold goods or services with a value in excess of
\$1,000 during the reporting period. Indicate whether you or None	or a family member sold the goods or services. If none, check the box.
Name of Agency	Name of Agency
1.	3.
	······································
2.	4,
-	
PART 9 INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE FAMILY
materiak ji ji ja kulik ja katiki kirjuk kaasa ta si taasut si kun sa katu katu katu katu materias sa sa sa sa	ce of income of \$1,000 or more received by your spouse or domestic partner or
dependent child(ren) during the reporting period and the kin	ctind of income represented. If your spouse or domestic partner called of income represented. If your spouse or domestic partner received \$1,00 mly the job title of dependent children who received income of \$1000 or more.
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received
JoAnne Rush Peabody	1 Health Care (Hospital) 1 Wages from Employmen
Job Title: Occupational Therapist	2.
Job title: -	3.
Dependent Child(ren) - Job Titles Only	
Job Title:	•
Job Title:	
Job Title:	

PART 10. OFFIC	ER OR DIRECTO	R POSITIONS			
List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ure. Indicate whether	er you or a family held	the position and who	iate family ether the posi-	
☑ None	am (), mael de demograph de les de la laboration de la conference de la decode and anticologie de la conferenc	Mironart et alaliterat et inalani est et el est en inalani est et e 2,22% (est e 2,000 est et anult es 2,000 g En	\$	kakkalamakahiliki parkining pakining parkinipignak hinggilik	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
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		*************************************	The control of the co		
		Y: ·			
	SIGNATURE				
I affirm that the contents of this report are true, complete	and accurate to th	e best of my knowle	edge.		
(/// (///)			1		
Signature		<u> </u>	03/31/10 Date		
U					
Subscribed and sworn (affirmed) to before me this	$\frac{1}{2}$ day of $\frac{Ma}{2}$	reh ;	20 <u>/0</u> .		
Signature of Notary Public/Attorney-at-law	ira Su	<u>un</u>			
My commission expires ///0//7				A TOTAL STATE OF THE STATE OF T	
(Seal is optional) (Date)			* / ₁ / ₁ / ₁		
ADDITIC	DNAL INFORMATI	ON			
Please provide any additional information below (and on the information you are providing. Use additional pages		if needed). Indicat	e the part or sectio	n number for	
Part/Section	inner menener fra miner er er einer er er efterer er er er freiher i v. ver mer efterefre fre f	energiningsmellene kritistene er senermine vinne stilstelskelste sestimble i 🚾 meller vision bliver	dpinning ob medi yang medi band pad 2004 di diserte septemberan pendipad pelipada balanga.	a erre direkt dermenen er energegen egengen gengelegen gengelegen gengelegen gengelegen gengelegen gengelegen	
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