

FEB 24 2011

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

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

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 18, 2011. 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.

any questions about this form, your reporting requirements, or how to report specific situations.							
LEGISL	ATOR INFORMATION						
Name Pouglas A. T	ho ma s	Office:	∑ Senate				
Mailing address So 6 $5 + v = qm$ City, zip code Ripley, Mt	Roa d	District					
City, zip code Ripley, ME	04930	Phone					
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY AND	THER					
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.							
None			ki indika da ada ada ada ada ada ada ada ada ad				
Name of Employer	Address		f Economic Activity nployer				
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			TO THE SECOND CONTROL OF THE SECOND CONTROL				
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		Sec. 10.					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE							
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.							
☐ None	MANIER (Первон в постоя на постоя продуступно порожения в постоя постоя постоя постоя постоя постоя постоя пост Первон в постоя пост	**************************************	ондондов, боло от дом в до				
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, asso	Economic Activity/ Practice ciation, firm or similar ess entity)				
Name:		A visitable of the					
Address:							
Name:		entifymau prome process					
Address:		**************************************					

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT			
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of ecc income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was of	nomic activity of the entity or peal ablished code of professional eth	erson from whom you derived such			
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name: Maine State Housing Address:	9 LIHEAD	Rotai / Firewood			
Name: Address:					
PART 3. OTHER SO	OURCES OF INCOME				
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts	or honoraria. If none, check the			
None					
Name and Address of Source		Kind of Income (investments, leases, etc.)			
Name:					
Address:					
Name: Address:					
		AND THE RESIDENCE SECTION SECT			
Name: Address:					
	ABLE LIABILITIES				
List the names of creditors for any <u>unsecured</u> 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 credit card liabilities, educational loans, loans from a relative, or business loans from regulated financial institutions. If none, check the box.					
None		Descinat Taxon of Factoria			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor			
Name: Address:	And the second s	*			
Address.					
Name: Address:	VI / District Control				
Address.					
PART 5. REPO		p \$200. If page, about the bay			
List the specific source of gifts received during the reporting period wit None	n an aggregate value of more tha	n pood. In none, check the box.			
Name of Source of Gift 1.		Source of Gift			
2.	4.				

PART 6. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches. If none, check the box.							
None			100000000000000000000000000000000000000				
Name of Source of Honoraria		Name of Sou	urce of Honoraria				
1.		3.					
2.	6000 (00000)	4.					
		N BEFORE STATE AGENCIES					
List each executive branch agency before which you represe box.	∍nted or	assisted others for compensation	of any amount. If none, check the				
None							
Name of Agency	Microsophica economica e Cumanica () p	Name	of Agency				
1.	one-kalikusus opposite osa	3.					
2.		4.					
		/ITH STATE AGENCIES					
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of you	ur immediate family sold goods or	r services with a value in excess of				
☐ None							
Name of Agency	3.242		of Agency				
1.	3.						
2.			4.				
		MEMBERS OF IMMEDIATE FA					
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received income of \$1,000 or more, list his or her name and job title. List only the job title of dependent children who received income of \$1000 or more. Do not include gifts.							
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income Received	Kind of Income				
Name:	1. 2.		1. 2.				
Job Title:	3.		3.				
Dependent Child(ren) - Job Titles Only							
Job Title:							
Job Title:	Mathematical Automotiva States and Automotiva						
Job Title:	A Policy and a second	ACCOUNTS OF THE PROPERTY OF TH					

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PART 10. OFFI	CER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, p held any office, trusteeship, directorship, or position of any n- tion was compensated. If a family member listed, indicate yo	ature. Indicate whether	you or a family held	the position and w	
☐ None				
Organization/Business	Title	Position Held	Family Member's	
and Address	iue	By:	Name	sated?
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	relizable et district	NIBELANAMANIANA		Amelio (input mana)
	SIGNATURE			
A Legislator who willfully fails to file a required statement	nt is subject to a fine	of up to \$100. (1 I	VI.R.S.A. § 1017-	A)
The intentional filing of a false statement is a Class E of				a Legislator has
willfully filed a false statement, it shall refer its findings	of fact to the Attorney	General. (1 M.R.	S.A. § 1019)	
Signature To Mus			15-1	/
Signature			Dáte	
				·····
AUUII	IONAL INFORMATI			
Please provide any additional information below (and	on additional sheets i	if needed). Indicat	e the part or sect	tion number for
the information you are providing. Use additional page	es, if necessary.	,	•	
Part/Section				
Number	AS NUCLEAR ASSESS FOR THE STATE OF			
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