Office: 45 Memorial Circle, Augusta, Maine



FEB 15 2012

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## **2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)**

Covering the calendar year January 1, 2011 through December 31, 2011

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 15, 2012. 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.

**LEGISLATOR INFORMATION** 

Name		Office:		
Michael D. Thibode	☐ House ☐-Senate			
Mailing address	District			
1601 Coks Corner Rd	23			
	Phone			
City, zip code Winterport, ME 0	4496	223.5177		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PART 1. INCOI	ME DERIVED FROM EMPLOYMENT BY AN	OTHER		
	blic employer, including the Legislature and any a ore. Specify the principal type of economic activity			
☐ None				
Name of Employer	Address	Principal Type of Economic Activity of Employer		
State of Maine	14 SHS Augusta, ME 04233	Legislature		
TB Equipment	392 Odlin Rd. Pangor, ME 04401	Equipment Saks and rental		
PART 2. INCOME DE	RIVED FROM SELF-EMPLOYMENT OR LA	W PRACTICE		
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.				
Mone	обордин из в били на виденти в больших почений в почени	нулуучул қалыстишен төлене улишуун синженунге осоң олем менене осын асын асын аналым алының байды. Адында дайтуу үү		
Name and Address of Business Entity or Lav	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)		
Name:				
Address:				
орожно-топо-топо-топо-топо-топо-топо-топо-то		unique que sour es sou en enceus cuique, es se y se par s sourceau que que y manera proprie com en enceus de la colonidad de l		
Address:				
		:		

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PART 2 (continued). INCOME D	DERIVED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the entity or pe established code of professional eth	erson from whom you derived such	
Name and Address of Source	- Company - Comp	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:		•	
Address:		or community and the second se	
Name:	EE AN ALEMENT OF THE CONTROL OF THE TOTAL AND AND AN ALEMENT OF THE CONTROL OF TH	egipted typergripting of extraprise agree us typeres are given in an international properties and all and an international properties and the second	
Address:		Amming	
PART 3. OTHER	SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1 obox.	or 2 of this form. Do not include gifts	or honoraria. If none, check the	
None	NON THE STATE OF THE	North State Comment of the Comment	
Name and Address of Source	nggagaansa gagaansa gagaa ahaa siraya waan saasiisada aaniininka maasii keela waxa waa aa coo ka siisiisa ka s	Kind of Income (investments, leases, etc.)	
Name: Machines Savings Rank Address: P.O. Box 318, Hachias, ME 0110	5r(	Interest	
Name: TB Equipment Address: 892 Odun Rd, Bangor, HE	Sharcholder		
Name: Thibodeau Realty, Dev.; Comme Address: 792 Odlin Rd., Bangor, ME	Shareholder		
PART 4. REPO	RTABLE LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card I regulated financial institutions. If none, check the box.			
None	gaamaaqaamaqaasameeggaaggaabbaaasiinn hiisaasaameemeegii (1 ee koosaa paraasi ii iilaamiii miilaaasii ii iilaa	natus secure e nergo e con est sisso e con este recervo e con est sen acus con anno préside distribució del tradució del t	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	eg manament na demonstra promet i monst tribis descrived i monstrati del descrived del descrived del descrived del descrived del descrived del descrived del del del del del del del del del d	NOVA AND POSSIBLE OF THE WAY AS A COLUMN AS A PROPER AND A COLUMN AS A	
Address:			
Name:	ырдаруы жардыр тай онын эздейны моңган ол бүйгөгөөдөө жараан ол байсан	is a consistent of the state of	
Address:			
PART 5. GIFTS, INCLUDING 1	RAVEL AND ACCOMMODATION	DNS	
List the specific source of gifts received during the reporting period	ran er en raum er filmfolgen vere er en en er af beskylde men mit tegte er vere 1924 stagt sen ege. Til		
None	with the content of		
Name of Source of Gift	Name of	Source of Gift	
1. States Nations Paicy Summit	3.	ee aan ee een eerste van de van d Van de van de	
enematica en a tras de la tras de	nomodiamumaarininastaatainin kontratentaatatatatatainin muonoorin isaaasi soomeen tirehti ratatuuma esemiste. 4.		

Part of the second seco	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.			
None		ogsamengen mengengan samakan dan da Alakar 1 kawa 1800 1804 1805 1804 1805 1807 1807 1807 1807 1807 1807 1807		
Name of Source of Honoraria	Name of	Source of Honoraria		
1.	3.			
2,	4.			
PART 7. REPRESE	NTATION BEFORE STATE AGENC	DIES.		
List each executive branch agency before which you reprebox.	esented or assisted others for compensa	ation of any amount. If none, check the		
None				
Name of Agency	No	ame of Agency		
1.	<b>3</b> .			
2.	4.			
PART 8. BUS  List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or None	SINESS WITH STATE AGENCIES  mber of your immediate family sold good rafamily member sold the goods or serv	ds or services with a value in excess of vices. If none, check the box.		
Name of Agency	Networks and the second	ance of Agency		
	3.	each ann an thair an an thair an an Airm an Ai		
	1. (2. )			
2.	4.			
PART 9. INCOME RECEIVE List the type of economic activity representing each source dependent child(ren) during the reporting period and the ki	VED BY MEMBERS OF IMMEDIATE e of income of \$1,000 or more received	by your spouse or domestic partner or		
of \$1,000 or more, list his or her name and job title. List on not include gifts.	ly the job title of dependent children who	received income of \$1000 or more. Do		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name: Stall Thibadeall	1. Education	1. Wages		
Job Title: Sccs Ctary	2	2		
out title.	3.	3		
Dependent Child(ren) - Job Titles Only				
Job Title: SAles Assistania	Retail Sales	Wages		
Job Title: Medical AZSIS lant	Medical care	Wages		
Job Title:		J		

☐ None					
994456455511 (1446594 A469 A969 A969555) (144654 A469 A469 A669 A669 A669 A669 A669 A66	Organization/Business and Address	Tille	Position Held By:	Family Member's Name	Compensated?
TBEQUE	oment	Vice Pissided	V Self		I YCS
Thebode	prient ran Realty eral Aeceptora	VICE PRESIDENT VICE PRESIDENT			NO
Commen	eral Aeceptance	Vice Pirsident	Self		NO
All at a	892 Odlin Rd. ngor, ME 04401				
		SIGNATURE			
The intentional f willfully filed a fa	no willfully fails to file a required stateme filing of a false statement is a Class E calse statement, it shall refer its findings also statement. Signature	crime. If the Commis	esion concludes they General. (1 M.	hat it appears that	
Please provide the information	any additional information below (and o you are providing. Use additional page	on additional sheets es, if necessary.	if needed). Indic	cate the part or se	ction number for
Part/Section Number					
					ican de Principal de Carlos e e e e e e e e e e e e e e e e e e e

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.