Office: 45 Memorial Circle, Augusta, Maine

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							
Douglas H. Thoma	Office: House Senate						
Douglas H. I homa Mailing address 306 Stream	District 2 7						
City, zip code	277-3017						
PART 1. INCOME DERIV	/ED FROM EMPLOYMENT BY ANO	THER					
List the name and address of each private or public employ whom you received compensation of \$1,000 or more. Speci							
None							
Name of Employer	Address	Principal Type of Economic Activity of Employer					
		3900-ki 2000 ki di komuluk masi 200-ki ki di ki					
	VPT (1886) (в 1886) (ССС 1896) (
	,						
PART 2. INCOME DERIVED FR	ROM 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		tine green was a supplied to the supplied of the supplied to the supplied of t					
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)					
Name: Doug I homas tirewood Address: 306 Stream Road Riple	Retail Grewood						
Name:							
Address:							

PART 2 (continued), INCOME [DERIVED FROM SELF-EMPLOYN	MENT		
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of a 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 per established code of professional ethic	son from whom you derived such		
Name and Address of Source	attivate transfer and the familiary in the familiary and the property of the second se	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: Doug (ho mas tive wood Address: 306 Stream Rd Rd	pley 04930	Retail fire wood		
Name: Address:				
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 o	r honoraria. If none, check the		
None				
Name and Address of Source	THE STATE OF THE S	Kind of Income (investments, leases, etc.)		
мент-масторог положения положения не положе		нд темперация (1947 серенення в под 444 до се		
Address;				
Name:				
Address:	er Demonstrations of the			
Name:	GOVERNMENT OF CONTROL			
Address:	* Professional Pro			
	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	\$. Постоя на принципалний принципалний постоя на принципалний постоя на принципалний постоя на принципалний пост Постоя на принципалний постоя на принципа		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:				
Address:				
Name:	and the state of t	- Upwalled and the of Arthridad Commission and Arthrida Commission		
Address:				
and the control of the second of the control of the	RAVEL AND ACCOMMODATION			
List the specific source of gifts received during the reporting period	with an aggregate value of more than	\$300. If none, check the box.		
None				
Name of Source of Gift 1.	Name of So 3.	ource of Gift		
2.	f 4.	HI (COV) viiki il viilla (CoV) viiki kaataan oo		
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PA	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances of		Medical		
None	THE ASSESSMENT OF THE STATE OF	AND THE RESIDENCE OF THE SECOND PROPERTY OF T		
Name of Source of Honoraria	Name of St	Name of Source of Honoraria		
1.	3.	•		
2.	4.	# \$1000000FBB04PM66EFFBB0BB2FBR09FBBB2EFBR09FBB4EFB1APH6BAPH1APH3APHBAPHBAPHAPHAPHAPHAPHAPHAPHAPHAPHAPHAPHAPHAPHA		
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE			
List each executive branch agency before which you repressions.	sented or assisted others for compensation	on of any amount. If none, check the		
None				
Name of Agency	Nam(ne of Agency		
1.	3.			
2.	$oldsymbol{4}$			
	INESS WITH STATE AGENCIES	The residue in expose of		
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate family sold goods or a family member sold the goods or service	or services with a value in excess or es. If none, check the box.		
None	And the second s	A AND THE RESERVE OF THE PROPERTY OF THE PROPE		
Name of Agency 1. Maine State Housing, Augusta, ME	Name Auth 3.	e of Agency		
2.	4.			
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE F	FAMILY		
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income represented. If your spouse of your spouse of the job title of dependent children who recome	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name:	1	1		
Job Title:	2 3	2		
Dependent Child(ren) - Job Titles Only	WAS PER WAS CONTROL OF THE STATE OF T			
Job Title:				
Job Title:	and manners was required from the tree were and determine and reflected \$1 is tabled \$1 determined with \$1 is tabled \$1 is	Поврем Поверий по не в Поверий по не в поверий на почений на почен		
Job Title:	**************************************	with factor of the second control of 1 should an and read of 4 with factor of 12 CHAT (CHAT (CHA		

	PART 10. OFFI	ICER OR DIRECTO	OR POSITIONS		
held any office, t	fit or nonprofit corporation, firm, association, p trusteeship, directorship, or position of any no s compensated. If a family member is listed,	nature. Indicate wheth	her you or a family r	member held the pos	sition and whether
None) the formal magnetic properties of the control of	(#T.) NANGER (2015) ERENG (2015) (#T.)	ALL ELECTRICITIES CONTROL CONT	NEED/TETP/PROGUNTEEN/COPYTIFESCULTURES COMMUNICATION COMMU	NISCONA CITEDES EN ENCOUTO PERO PERO PERO PERO PERO PERO PERO PER
	Organization/Business and Address		Position Held By:	Family Member's Name	Compensated?
- 1877 Schol-schill Designal (1988) 18 Schild der Stills obsishede in manadam		BIII TABAANTOO SAAAA ARIBBATTA ARIBATTA TOO OO	WET THE THE THE STATE OF THE ST	The contraction to the contraction of the contracti	запами в привенения на принце на при
The contract to the contract t	**************************************	. С			Autopolivi Ritisahendinen eleksisisisisisisisisisisisisisisisisisisi
		SIGNATURE			
The intentional	no willfully fails to file a required statement filing of a false statement is a Class E creates statement, it shall refer its findings of the company of th	rime. If the Commi	ission concludes t	that it appears that	
		<u> </u>			
	ADDIT	TIONAL INFORMAT	ΓΙΟΝ		
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.					
Part/Section Number					