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Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: Lawrence E. Lockman	Office & District Number: <input checked="" type="checkbox"/> House <u>137</u> <input type="checkbox"/> Senate <u>    </u>
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REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of income within **30 days** of a substantial change in income, reportable liabilities, or positions of the Legislator and the Legislator's spouse or domestic partner that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include, but are not limited to, a new employer or other source of income of \$2,000 or more; a new position in a political committee or for-profit or non-profit organization; a new unsecured loan of \$3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only new information. Do not include information that you previously reported.

PART 1. INCOME FROM EMPLOYMENT BY ANOTHER

Name and Address of Employer		Date of Change: <del>8-2-18</del>
Principal Type of Economic or Business Activity of Employer:	Job Title:	

PART 2. INCOME FROM SELF-EMPLOYMENT

Name and Address of Your Business:	Date of Change:
Principal Type of Economic or Business Activity:	
Name and Address of Customer/Client, if required:	
Customer/Client's Principal Type of Economic or Business Activity:	

PART 3. BUSINESS ENTITIES

Name and Address of Business:	Date of Change:
Principal Type of Economic or Business Activity:	

PART 4. INCOME FROM THE PRACTICE OF LAW

Name and Address of Practice or Firm:	Date of Change:	
Firm's Major Areas of Practice:	Your Major Areas of Practice:	Position (Partner, Associate, Sole Practitioner):

PART 5. INCOME FROM ANY OTHER SOURCE

Name and Address of Income Source: Maine First Project 30 Western Avenue Augusta ME 04330	Date of Change: <del>10/9/18</del> - 10/9/19
Description of Income: Fundraising consulting	

Please call the Commission staff 207-287-4179 if you have any questions.  
Attach additional pages if necessary.

**PART 6-A. INCOME OF IMMEDIATE FAMILY MEMBERS**

Date of Change:

Name of Family Member:	Job Title:
Name and Address of Employer:	Employer's Principal Type of Economic or Business Activity:

**PART 6-B. OTHER SOURCE OF INCOME OF IMMEDIATE FAMILY MEMBERS**

Date of Change:

Name of Family Member:	Type of Income:
Name and Address of Source of Income:	

**PART 7. LOANS AND LIABILITIES**

Date of Change:

Name and Address of Lender:
Lender's Principal Type of Economic or Business Activity:

**PART 8. GIFTS (INCLUDES TRAVEL AND ACCOMODATIONS)**

Date of Change:

Source of Gift:	Source of Gift:
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**PART 9. HONORARIA**

Date of Change:

Source of Honoraria:	Source of Honoraria:
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**PART 10. POSITIONS IN PACs, BQCs OR PARTY COMMITTEES**

Date of Change:

Committee Name:	
Name of Legislator or Family Member:	Title:

**PART 11. CONDUCTING BUSINESS WITH STATE AGENCIES**

Date of Change:

Name of Agency:
Name of Individual/Organization Selling Goods or Services:
Description of Goods or Services:

**PART 12. REPRESENTING OTHERS BEFORE STATE AGENCIES**

Date of Change:

Name of Agency:
Name of Individual Receiving Compensation:

**PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS**

Date of Change:

Name of Position Holder	Name and Address of Organization/Business	Title	Relationship to Legislator	Compensated
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE**

I certify that I have examined this report and to the best of my knowledge it is true, correct, and complete.

  
 \_\_\_\_\_  
 Signature

  
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 Date