



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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APR 11 2012
Maine Ethics Commission

STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

2011 Calendar Year: January 1, 2011 - December 31, 2011

Please file this statement with the **Maine Ethics Commission** by **5:00 p.m. on April 13, 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.

Reporting Deadlines

- This personal financial disclosure statement must be filed annually by the Governor, constitutional officers, State Auditor, all state employees in major policy-influencing positions (other than assistant attorneys general), and any other executive branch employee who is appointed by the Governor and confirmed by the Legislature.
- The statement must be filed by the close of the second week of April and covers the preceding calendar year (the reporting year).
- No statement is required in April if the executive employee has already filed a statement covering the preceding year as an initial report. (Employees appointed by the Governor must file an initial report before confirmation by the Legislature, and the Governor, constitutional officers, and State Auditor must file an initial report within 30 days of his or her election.)
- If there is a substantial change in the sources of your income or positions during the current calendar year, file an "update statement" for the current year within 30 days of the substantial change.

General Instructions

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.

REPORT TYPE

| | | |
|--|----------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Initial | <input type="checkbox"/> Update |
|--|----------------------------------|---------------------------------|

EXECUTIVE EMPLOYEE INFORMATION

| | |
|---|---------------------------------|
| Name <i>Carolyn R. Lockwood</i> | Job Title <i>Director</i> |
| Department <i>Bureau of Rehabilitation Services</i> | Phone (Work) <i>623-7942</i> |
| Mailing Address <i>150 State House Station, Augusta 04333-0150</i> | |
| Email Address <i>carolyn.r.lockwood@maine.gov</i> | |

Part 1. Income from Employment by Another None. Check this box if you do not have income from employment by another.

| Name of Employer | Address | Principal Type of Economic or Business Activity of Employer | Job Title |
|------------------|---------|---|-----------|
| | | | |
| | | | |

Part 2. Income from Self-Employment None. Check this box if you do not have income from self-employment.

| Name of Your Business/Trade Name | Address | Principal Type of Economic or Business Activity |
|--|---------|---|
| | | |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
| | | |
| | | |
| | | |

Part 3. Income from the Practice of Law None. Check this box if you do not have income from the practice of law.

| Name of Practice or Firm | Address | Your Major Areas of Practice | Firm's Major Areas of Practice | Position: Partner, Associate, Sole Practitioner |
|--------------------------|---------|------------------------------|--------------------------------|---|
| | | | | |
| | | | | |

Part 4. Income from Any Other Source None. Check this box if you do not have income from any other source.

| Name of Source | Address | Type of Income |
|----------------|------------|-----------------|
| Morgan Stanley | Bangor, ME | Dividend Income |
| | | |
| | | |

Part 5-A. Compensation Income of Immediate Family Members None. Check this box if no members of your immediate family derived income of \$1,000 or more from employment or compensation.

| Name and Job Title (do not list name of dependent child) | Employer's Name and Address | Principal Type of Economic or Business Activity of Employer |
|---|-----------------------------|---|
| | | |
| | | |
| | | |

Part 5-B. Other Sources of Income of Immediate Family Members None. Check this box if no members of your immediate family derived income of \$1,000 or more from any other source.

| Name of Spouse or Partner (do not list name of dependent child) | Source's Name and Address | Type of Income |
|--|---------------------------|----------------|
| | | |
| | | |
| | | |

Part 6. Loans None. Check this box if you do not have reportable liabilities.

| Lender's Name | Lender's Address | Principal Type of Economic or Business Activity of Lender |
|---------------|------------------|---|
| | | |
| | | |
| | | |

Part 7. Gifts, Including Travel and Accommodations None. Check this box if you have not received any gifts.

| Source of Gift | Source of Gift |
|----------------|----------------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Part 8. Honoraria None. Check this box if you have not received honoraria.

| Source of Honoraria | Source of Honoraria |
|---------------------|---------------------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Part 9-A. Conducting Business with State Agencies

None. Check this box if neither you nor your immediate family have done business with State agencies.

| Name of Agency | Name of Individual Selling Goods or Services |
|----------------|--|
| | |
| | |

Part 9-B. Representing Others Before State Agencies

None. Check this box if neither you nor your immediate family have represented another before a State agency.

| Name of Agency | Name of Individual Receiving Compensation |
|----------------|---|
| | |
| | |

Part 10. Positions in For-Profit and Non-Profit Organizations

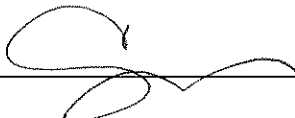
None. Check this box if you and members your immediate family do not hold positions in any for-profit or non-profit organizations.

| Organization/Business and Address | Title | Name of Position Holder | Relationship to Executive Employee | Compensated Yes/No |
|-----------------------------------|------------------|-------------------------|---|--------------------|
| Sagadahoc Preservation Inc | President | Carolyn Lockwood | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | NO |
| Maine Preservation | Advisory Trustee | " | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | NO |
| Midcoast Hospital | Corporate | " | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | NO |

City of Bath Planning Board member " self. \$250/yr.

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWELDGE IT IS TRUE, CORRECT, AND COMPLETE.

 _____
Signature

3/19/12 _____
Date