



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

RECEIVED
MAR 27 2012
Maine Ethics Commission

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

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>Chandler E. Woodcock</i>	Job Title <i>Commissioner</i>
Department <i>Inland Fisheries and Wildlife</i>	Phone (Work) <i>287-5200</i>

Mailing Address <i>259 Middle St. Farmington, Maine 04938</i>
--

Email Address <i>Cewoodcock@yahoo.com</i>
--

Part 1. Income from Employment by Another			
<input checked="" type="checkbox"/> 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		
<input checked="" type="checkbox"/> 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				
<input checked="" type="checkbox"/> 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		
<input type="checkbox"/> None. Check this box if you do not have income from any other source.		
Name of Source	Address	Type of Income
MAINE Public Employees Retirement System	46 State House Station Augusta, ME 04333	Pension

Part 5-A. Compensation Income of Immediate Family Members		
<input type="checkbox"/> 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
Charlotte Woodcock Volunteer Director	Franklin Memorial Hospital 111 Franklin Health Center Farmington, ME 04838	Healthcare

Part 5-B. Other Sources of Income of Immediate Family Members		
<input type="checkbox"/> 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
Charlotte Woodcock	MAINE Public Employees Retirement System 46 State House Station Augusta, ME 04333	Pension

Part 6. Loans		
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> None. Check this box if you have not received any gifts.	
Source of Gift	Source of Gift
1. <i>Maine Harness Horsemen's Association</i>	4.
2. <i>Maine Department of Fish and Wildlife</i>	5. <i>Idly</i>
3.	6.

Part 8. Honoraria	
<input checked="" type="checkbox"/> 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
Maine Department of Agriculture	Self

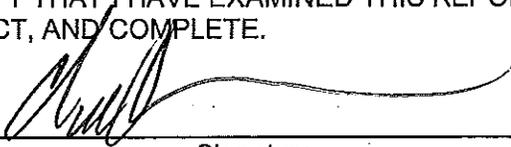
Part 10. Positions in For-Profit and Non-Profit Organizations

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
Maine Harness Horsemen's Association STATE ST. Augusta, ME 04333	Executive Director	Chandler Woodcock	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	YES
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	

SIGNATURE

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

 _____

Signature

3-26-12

Date

UNSWORN FALSIFICATION IS A CLASS D CRIME (17-A M.R.S.A. §453)