

RECEIVICOMMISS

Commission on Governmental Ethics and Election Practices
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

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Maine Ethics Commission</u> by **5:00 p.m. on April 16, 2010**. 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.

EMPLOYEE INFORMATION					
Name	Title				
JOEL T. WILKINSON Department/Agency/Bureau/Division	PUBLIC EXEC. / COLONEL-MAINE WARDEN				
DEPT: OF INLAND FISHERES & WILDLIFE Mailing Address, City, ZIP	287-2766 Service				
284 STATE STREET AUGUSTA ME. 04333-	1400				
PART 1. INCOME DERIVED FROM EMPLOYME	NT BY ANOTHER				
List the name and address of each employer from whom you received compensation economic activity of each employer.	of \$1,000 or more. Specify the principal type of				
None					
Name of Employer Address	Principal Type of Economic Activity of Employer				
DEPT OF THUMAN FISHBLES & WHITE 284 STATE SPEER, AUGUSTA, ME. EMPLOYER PART 2. INCOME DERIVED FROM 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					
Name and Address of Business Entity or Law Firm Major Areas of Econom Practice (self)					
Name:					
Address:					
Name:					
Address:					

	PART 2 (continued). INCOME DE	ERIVED FROM SELF	-EMPLOYMENT
whichever is greate form of disclosure	ce of income derived from self-employment or pro- er, and specify the principal type of economic acti- is prohibited by law, rule, or an established co- y or person from whom the income was derived.	vity of the entity or pers	on from whom you derived such income. If this
્યું ત્યું કહ્યું કર્યું કહ્યું ક	Name and Address of Source	ssammen, og engeng er en knyer er en första kyrer en knyer en för en för en knyer er en för en knyer er en kny En en	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	aalus uurus geraan ja		
Address:	n/κ		
Name:		gemenn geleginning (ned geforereinnede annere de monte de sind het	
Address:			:
	PART 3. OTHER S	OURCES OF INCOM	IE .
box.	f income of \$1,000 or more <u>not listed</u> in Parts 1 or	2 of this form. Do not i	nclude gifts or honoraria. If none, check the
☑ None		italiinnan markiti kalishi polishi polishi militalii markiti para assa sasa sasa sasa militalii ili	
	Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:			
Address:			
Name:		egopologic de solicità de la Stata de Balladouro reconstità A der attable 1111 de 18 de 18 de 18 de 18 de 18 d	
Address:			
Name:		i inggani panggan panggan panggan na panggan	
Address:			
	PART 4: REPOR	TABLE LIABILITIES	
areas of economic	creditors for any <u>unsecured</u> loans of \$3,000 or activity of each creditor. Do not list credit card contributions, or business loans from regulated f	more that you received I liabilities, or education	I during the reporting period, and list the major all loans, loans from a relative, loans that were
None		Likilika (i jahustin ningila da Lihunan <mark>I</mark> h etis yai h hilipadam kuusi i'u kanin kita eega uu ka eedheed	
, 1999-1995-1994-1994 — учествення в простоя по под под под под под под под под под	Name and Address of Creditor	egonomic grande y knowlegg damentje og pri gregor y gregognamanenen er transe (y volge 1999 ette bete ble	Principal Type of Economic Activity of Creditor
Name:		milliongs, 19, databat strainfile & Comm. I minut Sp. Straides Emillione in Statistics are actions as & subseq	
Address:			•
Name:	જ્યાં આવ્યાં માટે આવેલા માટે કરવા કરવા કરવા કરવા કરવા છે. જેવા માટે કરવા કરવા માટે કરવા કરવા માટે કરવા કરવા કર જેવા કરવા કરવા કરવા કરવા કરવા કરવા કરવા કર	ар уулган үчөө үртүү оронун араанда араар үчөө үчөө үчөө арын арын арын арын арын үчөө үчөө үчөө үчөө үчөө үчө	,
Address:			: :
	PART 5. REP	ORTABLE GIFTS	
List/the specific so	urce of gifts received during the reporting period v		of more than \$300. If none, check the box.
		(SORINA A VINNERAL FARMER P. F. PRINTER WERE AND ELECTRICAL STATES AND	
	Name of Source of Gift	r y 2 2 mah y 2 2 giver y 4 phologist 2 4 gively dig 4 pholosos 2 49 seathard and a security colorism conserva	Name of Source of Gift
1,		3.	
2.	undergreg og gregoriansjonner om en	4.	

	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances	or speeches related to your official of	apacity or duties. If none, check the box.
None Name of Source of Honoraria	month some ment of the companies of the companies of the company o	e of Source of Honoraria
rd 1918 1918 1918 1918 1918 1919 1919 191	kadikerhialisederdinarjumpunterjoji ja Parjami jami Post (1888). Holiside Haliselia Nobali Nobali Nobali Nobali	e of Source of Horiotalia
1.	3 .	
	location with the constraint of the constraint	The state of the s
2.	4.	
	NTATION BEFORE STATE AGE	
List each executive branch agency before which you compensation of any amount other than your official sala nope, check the box.	or a member of your immediate ary. Indicate whether you or a famil	family represented or assisted others for y member appeared before the agency. If
None	III SOOMOO III AA MIIIII II AA MAA AA MAA AA AA AA AA AA AA AA AA A	
Name of Agency	\$\tag{2}\	Name of Agency
1.	3.	
2.	4.	
PART 8. BUS	INESS WITH STATE AGENCIE:	5
List each executive branch agency to which you or a mer \$1,000 during the reporting period. Indicate whether you o	mber of your immediate family sold of rafamily member sold the goods or	goods or services with a value in excess of services. If none, check the box.
Mone		
Name of Agency		Name of Agency
1.	3.	
		te to the control of
2.	4.	
PART 9. INCOME RECEI	VED BY MEMBERS OF IMMEDIA	ATE FAMILY
List the type of economic activity representing each source	e of income of \$1,000 or more recei	ved by your spouse or domestic partner or
dependent child(ren) during the reporting period and the k or more of income, list his or her name and job title. List or not include gifts.	ind of income represented. If your sally 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 Inco Received	me Kind of Income
Name: Kelly Williamson	1. employment 2. employment	1. self-employment 2. employment
Name: Kelly Wilkinson Job Title: BOOLKEE PEY	2 employmen F	2 employment
Staff Acct	3.	3.
Dependent Child(ren) - Job Titles Only	menten en e	
Job Title:		
Job Title:		
Job Title:		

	PART 10. OFFI	CER OR DIRECTOR	R POSITIONS		
held apy office,	fit or nonprofit corporation, firm, association, p trusteeship, directorship, or position of any n ensated. If a family member listed, indicate yo	nature. Indicate whether	er you or a family hele	d the position and whe	iate family ether the posi-
☑ None				•	
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		SIGNATURE			
•	Notary Public/Attorney-at-law	24 day of M	_5/2	24 /2010 Date 20 10 .	
	ADDIT	TIONAL INFORMAT	ION		
Please provid the informatio	de any additional information below (and on you are providing. Use additional page	on additional sheets es, if necessary.	if needed). Indica	te the part or section	on number for
Part/Section Number					