



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 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

For the 2013 Calendar Year: January 1, 2013 - December 31, 2013

☐ Check here if this statement is an update or amendment of a previously filed statement.

Name Chroder F. Woodcock	Job Title Commussioner
Inland Fisheries & Wildlife	Phone (work) (207) 287-5-200
Mailing Address (work) 284 STATE-ST. 4/STATE HOLGE STATION AUGUSTA, WE 04333	E-mail Address (work) Chander Washers left majure. God

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 the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.

Please keep a copy of this statement for your records!

REPORTING DEADLINES

Constitutional Officers and the State Auditor

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by April 15 of each year they are in office, unless a report for that year has already been filed.

Appointed Executive Employees

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by April 15 of each year of their employment, unless a report for that year has already been filed.

Executive Employees in Major Policy-Influencing Positions

Executive employees in major policy-influencing positions must file the financial disclosure statement by April 15 of each year of their employment.

Leaving Office or Terminating Employment

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Executive branch employees are required to update their financial disclosure statement within 30 days of a substantial change in income, reportable liabilities or positions of the executive branch employee or an immediate family member (except dependent children) that occurs in the current calendar year. (5 M.R.S.A. § 19(3)(C)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the executive branch employee or immediate family member \$2,000 or more in the current year;
- A new reportable liability of \$3,000 or more obtained during the current calendar year;
- A new contract or other arrangement between the executive branch employee, immediate family member or associated
 organization and a State agency, board or commission for the lease or sale of goods or services with a value of more
 than \$10,000 during the current calendar year; and
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

None. Check this box if you did	d not have income fr	om employmen	t by another.	•
Name of Employer	Address Principal Type of Ecor Business Activity of Er			Job Title
	•			
Part 2. Income from Self-Emplo	yment			
None. Check this box if you did	d not have income fro	om self-employ	ment.	
Name of Your Business/Trade Name	Ac	Idress		Principal Type of Economic or Business Activity
Name of Client or Customer, if required (se instructions)	e Ac	dress		Principal Type of Economic r Business Activity of Client
			,	
		i		,
Part 3. Business Entities		- 10 10 10 10 10 10 10 10 10 10 10 10 10		
₩ None. Check this box if you an	d vour immediate far	nily did not owr	n or control mor	e than 5% of any business.
Name of Business		dress		Principal Type of Economic or Business Activity
The state of the s	7,4			
Part 4. Income from the Practice		2. AM 2017 (2017)		
None. Check this box if you did		m the practice	of law	
Name of Practice or Firm Addre	ess Your Ma	ijor Areas of	or law. Erirm's Major Area ■ Practice	as of Position: Partner, Associate, Sole
				Practitioner
		:		
	I			· ·

Part 5. Income from Any Other So	urce		
☐ None. Check this box if you did no	ot have income from any other source.		
Name of Source	Address	Description of Income	
MAINT PUBLIC GRUPHLYERS	46 STATE HOUSE STATION		
RUTTE BUDN'T SYSTEM	Augusta, NE04323-0046	Pension	
•	·		

Part 6-A. Compensation Income of Immediate Family Members						
☐ None. Check this box if no members of your immediate family received income of \$2,000 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 Custama Service	Lil. Bean INC 15 Caseo ST Free feet, ME 04013	Retail				
Custome Service	Free purt, un E 04013	(Cepar)				
		·				

Part 6-B. Other Sources of Income of Immediate Family Members □ None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.				
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income		
CHARLOTE WOUD wek	MAINE Duble Exployees Reformat System 46 STATE Its JES SMITHEN ATTHER WE OHESS-0046	PENSTON		

Part 7. Loans		
₩ None. Check this box if you did not have re	eportable liabilities.	•
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
		-
	,	

Part 8. Gifts, Including Travel and Accomm	modations	
None. Check this box if you did not receive		
Source of Gift	Source of GIT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	2.	:
		14.49
3.	4.	

Source of Honoraria
Source of Honoraria
A R. P. C

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	·	tees urer, or principal officer, decision-maker
	Name of Official or Family Member	litie
1.		
2.		

None. Check this box if neither y	ou nor your imme	diate family did busine	ess with any State a	gency.
Name of Agency		vidual/Organization	Description of	Good or Services
	Selling Go	oods or Services		
- Approximation approximation and the second				
			•	
Part 12. Representing Others Be	fore State Agenc	İOS		The second of
None. Check this box if neither y	ou nor your imme	diate family represent	ed another before a	State agency.
Name of Agency		Name of In	dividual Receiving (Compensation
			The second of th	
				•
		· .		100 PANA
				-
Part 13. Positions in For-Profit a	nd Non-Profit Org	ganizations	**************************************	
None. Check this box if you and	members vour imr	nediate family did not	hold positions in ar	y for-profit or pon-
profit organizations.	momboro your min	nodiato family did from	, nota positione in al	,, (or prome or them
				•
Organization/Business		Name of Position	Relationship to	Compensated
Organization/Business and Address	Title	Name of Position Holder	executive branch	Compensated Yes/No
	Title		executive branch employee	
	Title		executive branch employee	
	Title		executive branch employee	
	Title		executive branch employee Self Spouse Dependent	
	Title		executive branch employee Self Spouse	
	Tile		executive branch employee Self Spouse Dependent Self	
			executive branch employee Self Spouse Dependent Self Spouse Dependent	
			executive branch employee Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent	
			executive branch employee Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent	
			executive branch employee Self Spouse Dependent Self Spouse Dependent Self Spouse Dependent	
		NATURE	executive branch employee Self Spouse Dependent Self Spouse Dependent Self Dependent Dependent Dependent	
CERTIFY THAT HAVE EXAMINE		NATURE	executive branch employee Self Spouse Dependent Self Spouse Dependent Self Dependent Self Dependent Self Spouse Dependent	SEIT IS TRUE,
CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.		NATURE	executive branch employee Self Spouse Dependent Self Spouse Dependent Self Dependent Self Dependent Self Spouse Dependent	SE IT IS TRUE,
CERTIFY THAT HAVE EXAMINE		NATURE	executive branch employee Self Spouse Dependent Self Spouse Dependent Self Dependent Self Dependent Self Spouse Dependent	BE IT IS TRUE,



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RECEIVED

APR 1 2014

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For the 2013 Galendar Year: January 1, 2013 - December 31, 2013

Check here if this statement is an update or amendment o	f a previously filed statement.
Name JOEL T. WILKINSON	JOB TITLE WARDEN COLONEL
Department MAINE WANDEN SENICE	Phone (work) 207-287-2766
Mailing Address (work) 284 STATE STREET, AUGUSTA ME 04380'	E-mail Address (work) JOB. WILLINSON @MAINE.GOV

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 organization and a State agency, board or commission for the lease or sale of goods or services with a value of more
 than \$10,000 during the current calendar year; and
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

☑ None. Check this box	त if you did r	not have income fror	n employm	ent by anothe	er.
Name of Employer.		Address	Principal-T	ype of Economic	oor Job Title
MAINE WANDEN SERVICE	284 Spark for		Business Activity of Employer GOVERNMENT		GAME WANDEN OLONFO
Part 2. Income from Se	lf Employs				
None. Check this box	+ + s		a salf-empl	~~~	
Name of Your Business/Trai		T :	ress	Jyrica in the control of the control	Principal Type of Economic or Business Activity
		·			
Friedrich					
Name of Client or Customer, if n instructions)	equired (see	Addi	1988 Service Control of the Control		Principal Type of Economic or Business Activity of Client
			,		
			•		
				NAMES OF THE PROPERTY OF THE P	
Part 3. Business Entitie	s		2-10-1 (1974)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
None. Check this box	if you and y	our immediate fami	ly did not o	wn or control	more than 5% of any business.
Name of Business		Addr	ess		Principal Type of Economic or Business Activity
			·		
			<u> </u>		
Part 4 Income from the	Practice o	f Law			
None. Check this box i	f you did no	ot have income from	the practice	e of law.	and the state of t
Name of Practice or Firm	Address	Your Majo	r Areas of	Firm's Major Practi	Areas of Position: Partner, ce Associate, Sole Practitioner
·					•

Part 5. Income from Any Other Source None. Check this box if you did not have income from any other source.				
	•	·		
	The state of the s			
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Part 6-A. Compensation Income of Immediate Family Members				
☐ None. Check this box if no members of your immediate family received income of \$2,000 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		
KELLY WILKINSON CONTROLLER	NETCO SERVICES 1093 RIDGE ROAD WINDSON, ME 04363	MECHANICAL EQUIPMENT PROVIDER		
	·			

Part 6-B. Other Sources of Income of Immediate Family Members □ None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.				
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income.		
		·		

Part 7 Loans None. Check this box if you did not have reportable liabilities.			
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender	

Part 8 Gifts, Including Travel and Accommodations			
None. Check this box if you did not received any gifts.			
Source of Gift	Source of Gift		
1.	2.		
3			
3.	4.		
	·		

☑ None. Check this box if you did not received honorari	
Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

•	urer, or principal officer, decision-maker
•	urer, or principal officer, decision-maker
mmittee.	
me of Official or Family Member	Title
	mmittee. me of Official or Family Member

Part 11. Conducting Business wit	h State Agenci	68		
■ None. Check this box if neither yo	u nor your imme	diate family did busine	ss with any State a	gency.
Name of Agency	Name of Individual/Organization Selling Goods or Services		Description of Good or Services	
Part 12. Representing Others Befo				
None. Check this box if neither you have of Agency	u nor your imme		ed another before a lividual Receiving 0	
Part 13. Positions in For-Profit and None. Check this box if you and m profit organizations.			hold positions in ar	y for-profit or non-
Organization/Business and Address	Title	Name of Position Holder	Relationship to executive branch employee	Compensated Yes/No
			☐ Self ☐ Spouse ☐ Dependent	
			□ Self □ Spouse □ Dependent	
			☐ Self ☐ Spouse ☐ Dependent	·
	SIG	NATURE		
I CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.	THIS REPORT	AND TO THE BEST O	F MY KNOWLEDG	E IT IS TRUE,
Gold Will		·	3/28	/2014
Signature THE INTENTIONAL FILIT	NG OF A FALSE STA	TEMENT IS A CLASS E CRIME	D: E (5 M.R.S.A. § 19(4)(B))	ale