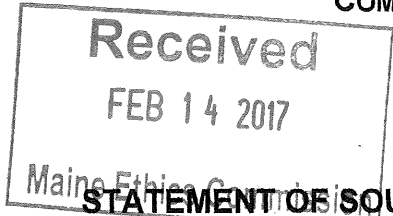




COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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



STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2016 Calendar Year: January 1, 2016 - December 31, 2016

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

Form with fields: Name (Tom J. Winsor), Office (House checked), Mailing Address (107 Thurston Rd), District Number (71), City/Town, State, Zip (Norway ME 04268), E-mail Address (REPTOM.WINSOR@LEGISLATURE.MAINE.GOV)

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Wednesday, February 15, 2017.

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. NO RED INK
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.
Campaign contributions and Maine Clean Election Act payments need not be reported in this statement.
The completed statements are posted on the Commission's website and copies are made available to the public upon request.
Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities or positions of the Legislator or an immediate family member (except dependent children) 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 that has paid the Legislator 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 Legislator, 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.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation!

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

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
Maine State Legislature	State House Station 1, Augusta ME 04033	Government	House Member

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

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
Tom Winsor	107 Thurston Rd Norway ME 04268	Rent real property
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client
Robert Reynolds	Tamworth Rd, Otisfield ME 04270	Machanic

Part 3. Business Entities None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity

Part 4. Income from the Practice of Law None. Check this box if you did 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 5. Income from Any Other Source None. Check this box if you did not have income from any other source.

Name of Source	Address	Description of Income
Ronald Pelchet	POB 571, Oxford ME 04270	Mortgage
Nathan Sessions	55 Summit Hill Rd., Harrison ME 04040	Mortgage
Social Security Admin <i>MAINE STATE RETIREMENT</i>	<i>Augusta ME</i>	Retirement Income <i>Benefit</i>

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
Patricia Winsor Patricia Winsor Patricia Winsor	State of Maine DHHS, Augusta ME Maine State Retirement, Augusta Social Security Administration	Salary Government Benefit Benefit

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
Patricia Winsor	Edward Jones,	Annuity Payout

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.	4.

Part 9. Honoraria

None. Check this box if you did not receive honoraria.

Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

Part 10. Positions in Political Action, Ballot Question or Party Committees

None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.

Name of Committee	Name of Official or Family Member	Title
1. Oxford County Republican Committee	Tom Winsor	Treasurer
2. Hanniibal Hamlin Republican Womans Club	Patricia Winsor	Chair
3.		

Part 11. Conducting Business with State Agencies

None. Check this box if neither you nor your immediate family did business with any State agency.

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

Part 12. Representing Others Before State Agencies

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

Name of Agency	Name of Individual Receiving Compensation

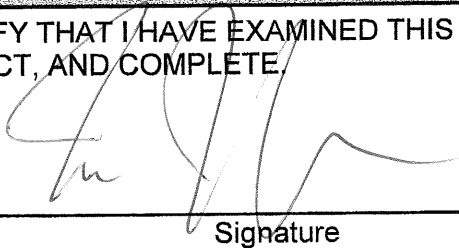
Part 13. Positions in For-Profit and Non-Profit Organizations

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

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
Western Maine Transportation, Inc 76 Morrell Rd Auburn ME 04210	Director- VP	Tom Winsor	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	No
			<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 KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.



Signature

2/6/17
Date



Received
JUL 17 2017
Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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UPDATED STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name: <i>Tom J. Winsor</i>	Office & District Number: <input checked="" type="checkbox"/> House <i>71</i> <input type="checkbox"/> Senate _____
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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

Date of Change:

Name and Address of Employer	
Principal Type of Economic or Business Activity of Employer:	Job Title:

PART 2. INCOME FROM SELF-EMPLOYMENT

Date of Change: *6/19/2017*

Name and Address of Your Business: <i>Tom Winsor</i>	
Principal Type of Economic or Business Activity: <i>rental</i>	<i>(add to report)</i>
Name and Address of Customer/Client, if required: <i>Bob Garbarino, 180 Bulwers Mills Rd Otisfield</i>	
Customer/Client's Principal Type of Economic or Business Activity: <i>Health care worker</i>	

PART 3. BUSINESS ENTITIES

Date of Change:

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

PART 4. INCOME FROM THE PRACTICE OF LAW

Date of Change:

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

PART 5. INCOME FROM ANY OTHER SOURCE

Date of Change:

Name and Address of Income Source:	
Description of Income:	

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:

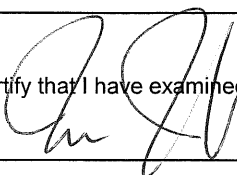
PART 13. POSITIONS IN FOR-PROFIT AND NON-PROFIT ORGANIZATIONS

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



Date