



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

RECEIVED  
FEB 04 2013  
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 LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

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

|  |   |
|--|---|
| Name<br><i>Ellen A. Winchenbach</i>                    | Office<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>1121 Manktown Rd.</i>            | District Number<br><i>50</i>  |
| City/Town, State, Zip<br><i>Waldoboro, Maine 04572</i> | E-mail Address<br><i>ellenaw12@yahoo.com</i>  |

FILING DEADLINES

**CURRENT LEGISLATORS:** Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

**LEGISLATORS LEAVING OFFICE:** Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

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.
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- 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.

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 |
|------------------|---------|---|-----------|
|                  |         |   |           |
|                  |         |   |           |

**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           |
|--|---|---|
| HAIR COUNTRY   | 1121 Main Street Rd., W. H. Hobbs, ME 04572 | HAIR STYLING  |
|  |   |   |
|  |   |   |
| Name of Client or Customer, if required (see instructions) | Address                                     | Principal Type of Economic or Business Activity of Client |
|  |   |   |
|  |   |   |
|  |   |   |

**Part 3. Revenue of Business Entities** None. Check this box if you and your immediate family did not have a majority share in a 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                              | Type of Income |
|------------------------------|--------------------------------------|----------------|
| Elsie Hilton<br>Richard Feld | 927 Union Rd.<br>Waldoboro, ME 04572 | Rent           |
|                              |                                      |                |
|                              |                                      |                |
|                              |                                      |                |

**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<br>(do not list name of dependent child) | Employer's Name and Address | Principal Type of Economic or<br>Business Activity of Employer |
|---|-----------------------------|--|
| Craig G. Winckonback<br>Auto Technician                     | Winks Auto Service          | Automotive Repair  |
|   |                             |  |
|   |                             |  |

**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<br>(do not list name of dependent child) | Source of Income<br>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.             | 4.             |

**Part 9. Honoraria** None. Check this box if you did not received honoraria.

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

**Part 10. Positions in Political Action or Ballot Question Committees** None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.

| Name of Committee | Title |
|-------------------|-------|
| 1.                |       |
| 2.                |       |


| Part 11. Conducting Business with State Agencies  |  |                                 |
|---|--|---------------------------------|
| <input checked="" type="checkbox"/> None. Check this box if neither you nor your immediate family did business with any State agency. |  |                                 |
| Name of Agency  | Name of Individual Selling Goods or Services | Description of Good or Services |
|   |  |                                 |
|   |  |                                 |

| Part 12. Representing Others Before State Agencies   |   |
|--|---|
| <input checked="" type="checkbox"/> 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  |              |                         |   |                    |
|--|--------------|-------------------------|---|--------------------|
| <input type="checkbox"/> 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 |
| Waldoboro Lions Club<br>P.O. Box 691<br>Waldoboro, ME 04572  | Secretary    | Ellen Winchenbach       | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | NO                 |
| Friends of Waldoboro<br>P.O. Box 601<br>Waldoboro, ME 04572  | Board Member | Ellen Winchenbach       | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | NO                 |
| Waldoboro Firefighters<br>Auxiliary<br>9 Deer Run<br>Waldoboro, ME 04572   | Secretary    | Ellen Winchenbach       | <input checked="" type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent | NO                 |

**SIGNATURE**

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

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 1/20/13  
 Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))