

JAN 17 2012

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

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 15, 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.

	LEGISLATOR INFORMATION	
Name James S. Gillway		Office: ☑ House ☐ Senate
Mailing address		District
79 Bowen Road		41
City, zip code		Phone (1) 70
Searsport, ME (04974	548-6429
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AND	OTHER THE STATE OF
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	lic employer, including the Legislature and any a re. Specify the principal type of economic activity	gency or subdivision of the State, from of each employer.
None	mmer var an include share shared to the state of the stat	(СССС), («Дограменно и густа» по может на 150 г. с. () 1993 в В СССО (ВССУ), (СССУ), общениване не последной чебо (ВССО)
Name of Employer	Address	Principal Type of Economic Activity of Employer
Maine State House of Representing	2 State House Stadion, Augusta, ME	Government
Town of Sears port	P.O. Box 499, Searsport, ME 04974	Government
PART 2. INCOME DER	RIVED FROM SELF-EMPLOYMENT OR LAV	V PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, tactivity or practice of that entity.	law firm, if any, and list the major areas of econo firm, professional association, or similar business	omic activity or practice from which you entity, list the major areas of economic
☑ None		
Name and Address of Business Entity or Law	Firm Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name:		
Address:		
	dan digen seria dispensional di propositione del proposit	
Address:	VI.	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or p income. If this form of disclosure is prohibited by law, rule, or an established code of professional etreconomic activity of the entity or person from whom the income was derived.	erson from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name: Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	s or honoraria. If none, check the
None	And and the state of the state
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	Advantage and a second
Name:	A STATE OF THE STA
Address:	end Americanis
Name:	
Address:	ANALYSIS KANANANANANANANANANANANANANANANANANANAN
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans for regulated financial institutions. If none, check the box.	
None	дания принципальный повечный принципального поведать поведат поведать поведать поведать поведать поведать повед
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
мате:	demokratika (internativa kustu kentu enternatus) kentu 1500-tun 1200 enternatus (internativa enternatus) kentu 1500-tun 1200 enternatus (inter
Address:	
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATION	ONS
List the specific source of gifts received during the reporting period with an aggregate value of more that	in \$300. If none, check the box.
None	ROMAN REPORT PROCESSES AND REAL REPORT OF THE REAL PROCESSES AND REAL
	Source of Gift Nouse
1 .	

4.

2.

the both the state of the best	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	
⊠ None		
Name of Source of Honoraria	Name of S	ource of Honoraria
	3 .	
	4.	ALLEGO PER
PART 7. REPRESE	NTATION BEFORE STATE AGENCIE	:s
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the
Name of Agency ·	Nam	e of Agency
1.	3.	
2.	4.	
None Name of Agency 1.	no construente de construencia	evenence constructive and account and account of the construction and account account and account acco
1.	от каком сеолем матинескитинески может и постоя предественного выполняться и постоя в постоя	ы кашанда жайда айынын байын көн байтан байда байтын байда байда байда байда байда байда байда байда байда байд
2.	4.	
PART 9. INCOME RECEIVALIST the type of economic activity representing each source dependent child(ren) during the reporting period and the kilon \$1,000 or more, list his or her name and job title. List on not include gifts.	ind of income represented. If your spouse ly the job title of dependent children who re	y your spouse or domestic partner or or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Bobbie To Gillway	1. <u>Medrcal</u>	1. <u>Employment</u> 2.
Job Title: Surgical Technician	2. 3.	3.
Dependent Child(ren) - Job Titles Only		
lob Title:		
Job Title:		
Job Title:		una des esperantes per esta proprieta en

held any office	ofit or nonprofit corporation, firm, associati , trusteeship, directorship, or position of a lis compensated. If a family member is lis	ny nature. Indicate whe	ther you or a family	member held the pos	sition and whether
None	279 MSG 4EP 1255 до боло в боло по от чининенти-то и откроительной в разпрад стор до от до структор в под 15 до 1	INTERNATION OF CHIEN PROPERTY CHEST	до 300 до 40,000 г.), и 600 г.С (от 1 200 г.) до Сишто, сви шили, голишто и полиши уст и пишто.		nementen i guerra en en en entre en
MENNES (SEE MENNES EN SEE MENNES EN SEE MENNES EN SEE MENNES EN SEE MENNES EN SE S SE SANCE SE	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compensated?
EASTERN P	Maine Development Corp.	Board Member	James Gillway		No
					ANTEGETTELONG SANDANNINGER FOR FOR THE STANDARD HE FOR THE SANDARD HE
			ed-vide-decorrection of the second of the se		
		SIGNATURE			
The intentiona	ho willfully fails to file a required state I filing of a false statement is a Class false statement, it shall refer its findin	ment is subject to a fi E crime. If the Comn	nission concludes	that it appears that	
The intentiona	I filing of a false statement is a Class	ment is subject to a fi E crime. If the Comn	nission concludes ney General. (1 M	that it appears that	
The intentiona	I filing of a false statement is a Class	ment is subject to a fi E crime. If the Comn	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019)	
The intentiona	I filing of a false statement is a Class false statement, it shall refer its findin	ment is subject to a fi E crime. If the Comn	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019)	
The intentiona willfully filed a	I filing of a false statement is a Class false statement, it shall refer its findin	ment is subject to a fi E crime. If the Comn gs of fact to the Attor DITIONAL INFORMA nd on additional shee	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019) -5-77 Date	a Legislator has
The intentiona willfully filed a	I filing of a false statement is a Class false statement, it shall refer its finding a Signature AD e any additional information below (an you are providing. Use additional p	ment is subject to a fi E crime. If the Comn gs of fact to the Attor DITIONAL INFORMA nd on additional shee	nission concludes ney General. (1 M	that it appears that I.R.S.A. § 1019) -5-/7 Date icate the part or se	a Legislator has