

Received

FEB 1 5 2017

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

Maines HAIPEMENT SHOURCES OF INCOME FOR LEGISLATORS

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

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

Scott W. CYRWAY	Office	☐ House	⊠ Senate
Mailing Address 363 Albion Road	District No	umber 16	
City/Town, State, Zip Benton ME 04901	E-mail Ad SCYRU	ldress Day @ Roads	Runner.Com

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.

Part 1. Income from Em	ployment	by Another			
□ None. Check this box	if you did n	not have income from	n employment by	another.	
Name of Employer		Address	Principal Type of Economic or Business Activity of Employer		Job Title
Maine State Legislature	3 Sta Augu	ate House Sta. sta ME 04330	Government		State Senator
Howe, Cahill + Co.		lumbia St. Sta ME 04330	Tobacco Compliance		FDA tobacco Compliance AGENT
Part 2. Income from Self	f-Employn	nent			
None. Check this box i	if you did n	ot have income from	n self-employmen	it.	The second secon
Name of Your Business/Trade	e Name	Addr	ess	Pr	rincipal Type of Economic or Business Activity
Name of Client or Customer, if (see instructions)	required	Addr	ess		rincipal Type of Economic Business Activity of Client
Part 3. Business Entities M None. Check this box i		vour immediate fami	ly did not own or	control more	e than 5% of any business.
Name of Business	1 900	Addre			rincipal Type of Economic or Business Activity
Part 4. Income from the None. Check this box if			the practice of la	w.	
Name of Practice or Firm	Address	Your Majo of Pra		rm's Major Are of Practice	Position: Partner, Associate, Sole Practitioner

□ None. Check this box if you did not	have income from any other source.	
Name of Source	Address	Description of Income
	46 State House Station - Augusta ME 04330	Pension
`		
Part 6-A. Compensation Income of Income. Check this box if no member employment or compensation.	mmediate Family Members s of your immediate family received income	ome of \$2,000 or more from
Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic of Business Activity of Employer
Jill Cyrway Postmaster	USPS 2 Clark St. Nonidge Dock ME 04957	Government Public Service
Part 6-B. Other Sources of Income o □ None. Check this box if no members other source.	f Immediate Family Members s of your immediate family received inco	ome of \$2,000 or more from any
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
Jill Cyrway	USPS (retirement)	Pension

Part 7. Loans	pagalagua pagasa da		
□ None. Check this box if you o	did not have re	portable liabilities.	
Lender's Name		Lender's Address	Principal Type of Economic or Business Activity of Lender
Capital Area Federa Credit (In ion	L	2010 North Belfast Av Augusta ME 0433	e "Bank" O Credit Union
Part 8. Gifts, Including Travel	and Accomme	odations	
☐ None. Check this box if you o	did not received	l any gifts.	
Source of G	ift		Source of Gift
1. D.A.R.C. Ame	nica	2.	
3.		4.	
Part 9. Honoraria			
None. Check this box if you die	d not receive h	onoraria.	
Source of Hono	oraria	Sou	urce of Honoraria
1.		2.	
3.		4.	
Part 10. Positions in Political Ad	ction, Ballot Q	uestion or Party Committees	
None. Check this box if you an or fundraiser of a PAC, BQC, o	nd your immedia r Party Commit	ate family were not a treasurer, tee.	or principal officer, decision-maker
Name of Committee	Name of O	fficial or Family Member	Title
1.			
2.			
3.			

Part 11. Conducting Business wi	th State Agencies			
None. Check this box if neither y	ou nor your immedia	ate family did busine	ss with any State a	gency.
Name of Agency		Name of Individual/Organization Selling Goods or Services		Good or Services
Part 12. Representing Others Bef 図 None. Check this box if neither y			ed another before a	a State agency.
Name of Agency			ividual Receiving C	
Part 13. Positions in For-Profit an ☐ None. Check this box if you and non-profit organizations. Organization/Business and Address			hold positions in ar Relationship to Legislator	ny for-profit or Compensated Yes/No
Bood Will Hinckley School 16 Prescott Drive Hinckley ME 04944	MEANS BIARD Member	Scott Cyrway	Self □ Spouse □ Dependent	NO
	·		□ Self □ Spouse	
			□ Dependent	
		ATURE	□ Dependent □ Self □ Spouse □ Dependent	
CERTIFY THAT I HAVE EXAMINED CORRECT, AND COMPLETE.			□ Dependent □ Self □ Spouse □ Dependent	E IT IS TRUE,

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

2016 - Update



Name

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MAR 2 8 2017

Maine Ethics Commission

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☐ House

PHONE: 207-287-4179 FAX: 207-287-6775

☑ Senate

30-DAY UPDATE TO STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Mailing Address	363 Albion		Pd.		District Number	16	
City/Town, State, Zip	363 Albion Benton Me	> (04901	E	E-mail Address Scyrwoy	@roadrunger.com	
	TO FILE AN UPDATED S						
income, reportable occurs in the cursto, a new employ organization; a new reported in the information that	equired to update their state of the liabilities, or positions of the rent calendar year. (1 M.R. yer or other source of incominew unsecured loan of \$3,00 the statement of sources of interval in the you previously reported.	the Le S.A. § le of \$ 00 or r acome	egislator and the § 1016-G(2)(B)) 2,000 or more; a more; and other s . Please report o	Legislator's Substantial new positionsubstantial o	spouse or don changes include on in a for-profichanges in the	nestic partner that de, but are not limited t or non-profit information required to	
Part 1. Incom Date of Change	e from Employment by Ar Name of Employer	othei	ther Address Address Principal Type of or Business Action Employe		ess Activity of	Job Title	
Part 2. Incom	e from Self-Employment Name of Your Business/Trade	Name	Add	dress		pal Type of Economic or less Activity of Employer	
Part 3. Busin	ess Entities	The state of the s					
Date of Change	Name of Business		Address			Principal Type of Economic or Business Activity of Employer	
Part 4. Incom	e from the Practice of Lav	V					
Date of Change	Name of Practice or Firm	Your	Major Areas of Practice	1	ajor Areas of actice	Position: Partner, Associate, Sole Practitioner	
Part 5. Incom	e from Any Other Source						
Date of Change	Name of Source		Add	dress	D	escription of Income	
	i.						

Part 6-A. Comper	nsation Income of Spouse/Dor	nestic Partner	
Date of Change	Name and Job Title	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
Part 6-B. Other S	ources of Income of Spouse/E	Oomestic Partner	
Date of Change	Name of Spouse/Domestic Partner	Source of Income (Name & Address)	Type of Income
1/1/2015	Jill La Cymray	2 Clark Street Norvidgwock Me	USPS
Part 7. Unsecure	d Loans of \$3,000 or more	04957	
Date of Change	Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender
Part 8. Gifts, Incl	uding Travel and Accommoda	tions	
Date of Change	Source of Gift	Date of Change	Source of Gift
Part 9. Honoraria		T	
Date of Change	Source of Honoraria	Date of Change	Source of Honoraria
Part 10. Positions	in Political Action, Ballot Que	stion or Party Committees	
Date of Change	Name of Committee	Name of Official or Family Member	Title
Part 11. Conduct	ing Business with State Agend	cles	
Date of Change	Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Goods or Services
Part 12. Represe	nting Others Before State Age	ncies	
Date of Change	Name of Agency		al Receiving Compensation
Part 13. Positions	in For-Profit and Non-Profit(Organizations	R Secretary Constitution (Constitution Constitution Const
Date of Change	Organization/Business and Address	Name of Position Holder	Compensated Yes/No
		SIGNATURE	
LCERTIFY THAT I I		RT AND TO THE BEST OF MY K	NOWLEDGE IT IS TRUE
CORRECT, AND CO			
Seatt a	(Cymray		3/28/2016 Date
	⊗ ignature ∠		Date
TH	E INTENTIONAL FILING OF A FALSE STA	TEMENT IS A CLASS E CRIME. (1 M.R.S.A	A. § 1016-G(3)(B))



Name

Received Commission on Governmental Ethics and Election Practices

Office

APR 0 6 2017

Maine Ethics Commission

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30-DAY UPDATE TO STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

Name Scor	H W CYK	WF	γY	Office	□ H	House	Senate
Mailing Address	3 Albion Re			District N	lumber	160	
City/Town, State, Zip	nton ME	04	901	E-mail A SCYR		D Road	l <i>Runner</i> .com
REQUIREMENT	TO FILE AN UPDATED	STATE	MENT				
income, reportable occurs in the current to, a new employ organization; a number reported in the information that	equired to update their state le liabilities, or positions or rent calendar year. (1 M. wer or other source of income unsecured loan of \$3, e statement of sources of tyou previously reported.	of the Le R.S.A. § ome of \$ 000 or n income	gislator and the l 3 1016-G(2)(B)) 3 2,000 or more; a nore; and other s . Please report o	Legislator's spou Substantial chan new position in a ubstantial chang	se or do ges inclu a for-prof es in the	mestic part and the state of th	artner that are not limited -profit tion required to
Part 1. Income	e from Employment by <i>i</i>	Another		Principal Type of E	conomic		
Date of Change	Name of Employer	Address or Busine		or Business Act Employer	ivity of Job Title		Job Title
·							
Part 2. Income	e from Self-Employmen	Í.					1 Table 1 (1)
Date of Change	Name of Your Business/Trac	le Name	Ado	Iress	Principal Type of Economic or Business Activity of Employer		
Part 3. Busine	ess Entities						
Date of Change	Name of Business		Add	ress			of Economic or ity of Employer
Part 4. Incom	e from the Practice of L	aw					
Date of Change	Name of Practice or Firm	Your	Major Areas of Practice	Firm's Major Ar Practice	eas of	As	ition: Partner, sociate, Sole Practitioner
Part 5. Incom	e from Any Other Source	e			T. T		
Date of Change	Name of Source			Iress	1		of Income
3/1/2017	C.M.P.		3 Ediso	n Drive MR 14330	SAI	e of i	house + land

Part 6-A. Comper	isation Income of Spouse/Don	nestic Partner		
Date of Change	Name and Job Title	Employer's Na	me and Address	Principal Type of Economic or Business Activity of Employer
Part 6-B. Other So	ources of Income of Spouse/D			
Date of Change	Name of Spouse/Domestic Partner		of Income Address)	Type of Income
Part 7. Unsecured	d Loans of \$3,000 or more			
Date of Change	Lender's Name	Lender's	Address	Principal Type of Economic or Business Activity of Lender
	uding Travel and Accommoda	tions		
Date of Change	Source of Gift	Date of	Change	Source of Gift
Part 9. Honoraria				
Date of Change	Source of Honoraria	Date of	Change	Source of Honoraria
Part 10. Positions	in Political Action, Ballot Ques	stion or Party 0	Committees	
Date of Change	Name of Committee	Name of Official	or Family Member	Title
Part 11. Conducti	ng Business with State Agend	ies		
Date of Change	Name of Agency		ual/Organization Is or Services	Description of Goods or Services
Part 12. Represer	nting Others Before State Age	ncies		
Date of Change	Name of Agency		Individu	al Receiving Compensation
Part 13. Positions	in For-Profit and Non-Profit 0	Organizations		
Date of Change	Organization/Business and Address	Name of Po	sition Holder	Compensated Yes/No
	S	IGNATURE		
I CERTIFY THAT I F CORRECT, AND CO	HAVE EXAMINED THIS REPOR	T AND TO THE	BEST OF MY K	NOWLEDGE IT IS TRUE,
Switt W.	yrway -			4/6/2017
	Signature			Date
THI	E INTENTIONAL FILING OF A FALSE STAT	TEMENT IS A CLASS	E CRIME. (1 M.R.S.	4. § 1016-G(3)(B))