



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Received  
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Maine STATE COMMISSION

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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS  
2018 Calendar Year: January 1, 2018 - December 31, 2018

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

Name <i>Scott W. Cyrway</i>	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address <i>463 Benton Road</i>	District Number <i>16</i>
City/Town, State, Zip <i>Albion, Me. 04910</i>	E-mail Address <i>scottcyrway@unlnets.net</i>

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., Friday, February 15, 2019.

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- Complete all sections. If a section is not applicable, check the box labeled "None" for that section.
- A glossary is located in the back of this form.
- If completing this form by hand, **PLEASE WRITE LEGIBLY. DO NOT USE 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 should not be reported.**
- Campaign contributions and Maine Clean Election Act payments should 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.

**IMPORTANT NOTICE: 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)) Updated statement forms are available at [www.maine.gov/ethics](http://www.maine.gov/ethics) or by calling the Commission. 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	3 State House station State House Augusta, ME	Government	Legislator State Senator
Howe, Cahill & Co	11 Columbia St. Augusta, Me. 04330	Tobacco Compliance	FDA Tobacco Compliance Agent (No longer working for them 7/18)

**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
State of N. H.	25 Capitol St Rm 310 Concord NH 03301	D.A.R.E. Mentor
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

**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
Maine Public Law Enforcement Employee Retirement System	46 State House Station Augusta, Me. 04330	Pension
Joyce Wells	11422 235th Drive Live Oak FL 32060	Sale of estate property
Franklin Forest Products 3	318 Varney Road Skowhegan ME 04976	Logging proceeds

**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

**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
Jill L. Cyrway	USPS Retirement Operations Center P.O. Box 45 Boyers PA 16017 0045	Retirement Pension

Part 7. Loans		
<input type="checkbox"/> 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
Capital Area Federal Credit Union	2010 North Bell Street Ave Augusta, Me 04330	"Bank" Mortgage Credit Union Tractor Loan
TD Auto Finance	PO Box 100295 Columbia SC 29202	Auto Loan
Part 8. Gifts, Including Travel and Accommodations		
<input type="checkbox"/> None. Check this box if you did not receive any gifts.		
Source of Gift	Source of Gift	Source of Gift
1. D.A.R.E. America	2.	
3.	4.	
Part 9. Honoraria		
<input checked="" type="checkbox"/> None. Check this box if you did not receive honoraria.		
Source of Honoraria	Source of Honoraria	Source of Honoraria
1.	2.	
3.	4.	
Part 10. Positions in Political Action, Ballot Question or Party Committees		
<input checked="" type="checkbox"/> 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.		
2.		
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
Good Will Hinckley School 16 Prescott Drive Hinckley, Me. 04844	Means Board Member	Scott Cyrway	<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

2/5/2018  
Date