



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

*Wife's marks*

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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 <i>GRATWICK, GEOFFREY</i>	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address <i>1230 KENDUSKEAG AVE</i>	District Number <i>32</i>
City/Town, State, Zip <i>BANGOR 04401</i>	E-mail Address <i>GGRATWICK@GMAIL.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
BLOCK AND GRATWICK MD PA	275 UNION ST BANGOR 04401	MEDICAL PRACTICE
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client
Multiple patients + insurance companies		

**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
B+G ASSOCIATES	275 UNION ST BANGOR 04401	OWNS MY OFFICE BUILDING

**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		
<input type="checkbox"/> None. Check this box if you did not have income from any other source.		
Name of Source	Address	Type of Income
TENANTS	1232 KEN AUSTIN DR	HOUSE RENTAL
	AVE BANCOR	
INVESTMENTS / PENSION		

Part 6-A. Compensation Income of Immediate Family Members		
<input type="checkbox"/> 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
LUCY GUMBY, PhD (wife)	Self	Psychologist

Part 6-B. Other Sources of Income of Immediate Family Members		
<input checked="" type="checkbox"/> 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

<b>Part 7. Loans</b>		
<input checked="" 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

<b>Part 8. Gifts, Including Travel and Accommodations</b>	
<input checked="" type="checkbox"/> None. Check this box if you did not received any gifts.	
Source of Gift	Source of Gift
1.	2.
3.	4.

<b>Part 9. Honoraria</b>	
<input checked="" type="checkbox"/> None. Check this box if you did not received honoraria.	
Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

<b>Part 10. Positions in Political Action or Ballot Question Committees</b>	
<input checked="" type="checkbox"/> 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**

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**

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
BANGOR LAND TRUST 14 HARLOW ST BANGOR	PPRESIDENT	LUCY QUIMBY	<input type="checkbox"/> Self <input checked="" 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 KNOWELDGE IT IS TRUE, CORRECT, AND COMPLETE.

  
 \_\_\_\_\_  
 Signature

1/8/13  
 \_\_\_\_\_  
 Date