



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Received  
FEB 15 2017  
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

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

Check here if this statement is an update or 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>363 Albion Road</i>	District Number <i>16</i>
City/Town, State, Zip <i>Benton ME 04901</i>	E-mail Address <i>scyrway@roadrunner.com</i>

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.

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 Sta. Augusta ME 04330	Government	State Senator
Howe, Cahill & Co.	11 Columbia St. Augusta ME 04330	Tobacco Compliance	FDA tobacco Compliance AGENT

**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
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

**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
Jill Cyrway Postmaster	USPS 2 Clark St. Norridge Rock ME 04957	Government Public Service

**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 Cyrway	USPS (retirement)	Pension

**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
Capital Area Federal Credit Union	2010 North Belfast Ave Augusta ME 04330	"Bank" Credit Union

**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. D.A.R.E. America	2.
3.	4.

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

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

**Part 10. Positions in Political Action, Ballot Question or Party Committees** 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 04944	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.

Scott W. Cyrway  
Signature

02/13/2017  
Date



**Received**  
**MAR 28 2017**  
 Maine Ethics Commission

2016 - Update

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

Name <i>Scott Wynn Cyrway</i>	Office <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing Address <i>363 Albion Rd.</i>	District Number <i>16</i>
City/Town, State, Zip <i>Benton, Me. 04901</i>	E-mail Address <i>scyrway@arsadrinner.com</i>

**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 and the Legislator's spouse or domestic partner 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 of \$2,000 or more; a new position in a for-profit or non-profit organization; a new unsecured loan of \$3,000 or more; and other substantial changes in the information required to be reported in the statement of sources of income. Please report only **new** information. **Do not include information that you previously reported.**

Part 1. Income from Employment by Another				
Date of Change	Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
Part 2. Income from Self-Employment				
Date of Change	Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity of Employer	
Part 3. Business Entities				
Date of Change	Name of Business	Address	Principal Type of Economic or Business Activity of Employer	
Part 4. Income from the Practice of Law				
Date of Change	Name of Practice or Firm	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
Part 5. Income from Any Other Source				
Date of Change	Name of Source	Address	Description of Income	

**Please call the Commission staff 207-287-4179 if you have any questions.**  
 Attach additional pages if necessary.







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 APR 06 2017  
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Part 5. Income from Any Other Source				
Date of Change	Name of Source	Address	Description of Income	
<i>3/1/2017</i>	<i>C. M. P.</i>	<i>3 Edison Drive Augusta ME 04330</i>	<i>Sale of house &amp; land</i>	

Please call the Commission staff 207-287-4179 if you have any questions.  
 Attach additional pages if necessary.



**Part 6-A. Compensation Income of Spouse/Domestic 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 Sources of Income of Spouse/Domestic Partner**

Date of Change	Name of Spouse/Domestic Partner	Source of Income (Name & Address)	Type of Income

**Part 7. Unsecured Loans of \$3,000 or more**

Date of Change	Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

**Part 8. Gifts, Including Travel and Accommodations**

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 Question or Party Committees**

Date of Change	Name of Committee	Name of Official or Family Member	Title

**Part 11. Conducting Business with State Agencies**

Date of Change	Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Goods or Services

**Part 12. Representing Others Before State Agencies**

Date of Change	Name of Agency	Individual Receiving Compensation

**Part 13. Positions in For-Profit and Non-Profit Organizations**

Date of Change	Organization/Business and Address	Name of Position Holder	Compensated Yes/No

**SIGNATURE**

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

*Scott W. Conway*  
Signature

4/6/2017  
Date