House

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

☐ Senate

Fax: 207-287-6775



Name

## JAN 17 2012

## 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

Edward I MAZUKAK

Please file this statement with the Clerk of the House or Secretary of the Senate 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** 

Mailing address  65 BEECH St.  City, zip code  ROCKIAND Me		District H7 Phone 1-207-694-564	ク	
PART 1. INCO	ME DERIVED FROM EMPLOY	YMENT BY ANOTHER		
List the name and address of each private or pu whom you received compensation of \$1,000 or m		slature and any agency or subdivision of the State, economic activity of each employer.	from	
None	MANANANANAN ILA BIRA ARRENTERA (RIBARINEZIA) ARRESTERA (RIBARIA ZON INTERNAZIONA)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Employer	Address	Principal Type of Economic Acti of Employer	ivity	
State of Maine	Augusta	State Rep		
0				
			nganaghan-makra sefashnak	
A. List the name and address of your business of		MENT OR LAW PRACTICE  or areas of economic activity or practice from which similar business entity, list the major areas of economic		
None	રામાં આપણા સાથે કાલ કાલ કાલ કહ્યું છે. આ સાથે કહ્યું હોય છે કે લાગે કહ્યું હોય છે. આ સાથે કહ્યું હોય છે કે સાથ	1 + (1 + (1 + (1 + (1 + (1 + (1 + (1 +	**************************************	
Name and Address of Business Entity or Lav	v Firm Major Areas of Eco Law Practic	onomic Activity/ Law Practice	(partnership, association, firm or similar	
Name: Address:				
Name: Address:				

PART 2 (continued). INCOME DEF	RIVED FROM SELF-EMPLOYMENT
\$1,000, whichever is greater, and specify the principal type of eco	aw practice that represents more than 10% of your gross income or promic activity of the entity or person from whom you derived such tablished code of professional ethics, specify only the principal type of derived.
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 SO	OURCES OF INCOME
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 box.	2 of this form. Do not include gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: MAINE SHATE RETIVEMENT	PENSION TEACHERS
	T C C C C C C C C C C C C C C C C C C C
Address: Augusta Name: 3 Unit RENTAL Property	RENKS
Address: 54 BROAD St. Rockland Mr 1	04841
Name:	
Address:	Annaly a
PART 4. REPORT	ABLE LIABILITIES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or moderates of economic activity of each creditor. Do not list credit card liability regulated financial institutions. If none, check the box.	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	A + A + A + A + A + A + A + A + A + A +
Address:	
«««««»»» ««» ««««»» ««»» «««»» «««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««»» ««« Name:	
Address:	
PART 5. GIFTS, INCLUDING TRA	AVEL AND ACCOMMODATIONS
List the specific source of gifts received during the reporting period with	
None	
Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

	RT 6. HONORARIA			
List the source of any honoraria accepted for appearances or	'specches. If none, check the pox.	намого на положно година в година в година в в година в г		
None  Name of Source of Honoraria	Name of Si	ource of Honoraria		
Training of Journal of The State of Training of The State of Training of Train	3.			
•	J.			
2000-01-01-01-01-01-01-01-01-01-01-01-01-	we are the contract of the co	ACMEDITION OF THE CONTRACT AND ACTION OF THE PARTY OF THE		
2.	4.	,		
PART 7. REPRESENT	TATION BEFORE STATE AGENCIE	<u> </u>		
List each executive branch agency before which you repress box.	ented or assisted others for compensation	on of any amount. If none, check the		
☑ None	Hamman aram 11 mm, 1966-1965, 111 d Grand de Grand Arridon (Arridon Arridon Arridon (Arridon Arridon (Arridon Arridon (Arridon (A	Managado America (America (Am		
Name of Agency	Name  Name of the control of the con	e of Agency		
1.	3.			
	માં આપ્તા કર્યા ક	ર્વમાં ભાગામાં ભાગામાં ભાગામાં આવેલા માના મારે લાગામાં આવેલા આવેલા માના ભાગામાં આવેલા માના ભાગામાં આવેલા માના આ માના માના માના માના માના માના માના માન		
2.	4.			
PART 8. BUSIN	IESS WITH STATE AGENCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold goods of amily member sold the goods or service	or services with a value in excess of es. If none, check the box.		
None .	AND THE RESIDENCE OF THE CONTRACT OF THE CONTR	1800 das hit to the commission das as an extension of the comment of the day to the commission of the comment o		
Name of Agency		a return a transmission in the executation of the e		
1.	3.			
	O DO NOT THE REPORT OF THE REP	PRINTER ALLEGER LES COMPANDA LA ACESTICA NA CALLILLO AL LA HACE A LA PENDRA LES ELECTRONISMON CEPE EN ANCIONA ACESTICA NA CALLICA DE LA PENDRA DE LES CONTRACTOR DE LA PENDRA DE LES CONTRACTOR DE LA PENDRA DEL PENDRA DE LA PENDRA DEPUNDA DE LA PENDRA DE		
2.	4.	4.		
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE F	AMILY		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	d of income represented. If your spouse	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: Majeyellen Mnzuresc	1. SAles	1. <u>Commission</u> 2.		
Name: Majeyellen Mnzurek Job Title: Real Estate Bruker	2.	2		
	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:		tarifilian di difende demonssione in dele desire di transverse conserverse con conference que con di Lord de la conference de		
Job Title:				
Job Title:	(BBBBBA BAN BAN BBBB BAN no harden and the reliable of the harden and the control of the control	AN THE PARTIES AND THE REAL PROPERTY AND THE SHARE STATE OF THE STATE OF THE STATE STATE OF THE STATE		

			The second secon		WALLOON AND THE RESERVE OF THE PROPERTY OF THE
Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compensated?
EMG	NESSES/APPEARENTE STEMBANNELLE PROFESSION AND AND AND AND AND AND AND AND AND AN	Title  AdvisoryBd  Bd Director	mem en	ANNIN Gentle Mits untraversa	hally getting abundan
48.09 UIS	M co . n.	B. I Director	Munker		
12mon Pour	who that I deline	DINECTOR	Mumber		
JNOX VV4	use Musein. nly Hall of Yame	ina samanan Visi Vasamaka samiili ili Kolo Ili	and a second control control and a second control	, that is a finite from the first of the forest $a$ and $a$ a	programmers and inchreducida in Principle of the Ending 11 Links and AVES MEZZE Endings
38H Projekt APP 38NoV 18Siin kiin saan noonnoo oo nii taraan nii taraan kalee oo nii taraan kalee oo nii taraa	r y regigner en jag om hap en hap til gjelde gjelde gjelde en formanne kom kan skriver for for til en for til de fin det for det for det for de for de forman de forma	iorain an richanne, ann ann an Aireann aireann an aireann ann aireann ann aireann aireann aireann aireann aire		and antiger to response an experimental and profit in the content of constant and constant in the constant and	annan ann amh-aid dealth daoint de chaill a dh'i dhe dh'i dhe à 12 an dh'i dhe à 12 an dh'i dhe à 12 an dh'i dh
		SIGNATURE			
The intentional filing	illfully fails to file a required state g of a false statement is a Class statement, it shall refer its findi	s E crime. If the Commis	ssion concludes th	nat it appears that	a Legislator has
<i>/</i> 2 <i>n</i>			,		
Edward	J. Mazurek		_/_/'	7/12 ·	_
Si	grature 🔾		<u>.</u>	<b>∕</b> Date	
				stratore di aggregale di Ab	
	Ac	DDITIONAL INFORMAT	ION		
	y additional information below (a u are providing. Use additional		if needed). Indic	cate the part or se	ction number for
Part/Section			ASIEE IVACEBURGOORINIOREORINIOREORINIOTE PROPERTI ENGIGERI ENGIGERI ANTIGERI INTO ANTIGERI NOO E		
Number		yana yayanga gagalayan kilongayan kabupung sa sahafakh (1000 2018-1000 2018-1000 1000 1000 1000 1000 1000 1000		ZZEROWCENNA KOPENYA HI POWY VERWY ZERWY ZERWENOW WYWOCZYNOWNIK 195	E GENERAL KORAN ANN ANN ANN ANN ANN ANN ANN ANN ANN
The second secon			-		LOTELLI MONTO

PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.