

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

	LEGISLATOR INFORMATION	
Name Edward J. MAZL	ivek	Member of: ☐ House ☐ Senate
Edward J. MAZU Mailing address 65 BFECH St.		District
City, zip code Rockland Me	Phone 1-207-594-5647	
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY	ANOTHER
List the name and address of each employed principal type of economic activity of each em	er from whom you received compensa ployer.	ition of \$1,000 or more. Specify th
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine	Augusta	state Represente
Fuller Butomall.	179 Camden St. Rockland	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPE
		PRODUCTION OF THE PRODUCTION O
	DME DERIVED FROM SELF-EMPLOY Legislators who are self-employed.)	MENT
A. List the name and address of your busing derived income. If associated with a partners areas of economic activity of that entity.	ness, if any, and list the major areas	of economic activity from which you similar business entity, list the majo
Name and Address of Business Entity	Major Areas of Economic Acti (self)	Major Areas of Economic vity Activity (partnership, association or similar business entity)
Name:		
Address:	WWW.desternessersers/resources	MACCAMATAN AND AND AND AND AND AND AND AND AND A
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PART 2 (continued). INCOME DEI (For Legislators who	RÍVED FROM SELF-EMPLO o are self-employed.)	YMENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profe the entity or person from whom the income was derived.	entity or person from whom you	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:	VPAPPROTRETENS CONSTRUCTION of the state of the state are and and a second or	of an investigation of the distribution of distributions communicated and the contract of the
Name: Address:		weeks to the control of the control
And the state of t	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list the	e attorneys-at-law only.) ne major areas of practice of you	ır firm.
Name and Address of Firm	Major Areas of Pra	octice Major Areas of Practice
Name:	(self)	(firm)
Address:	m de la casa estada	A SA
Name:	COMERCIANAM development and appropriate propriate and accommodate the control of	компетон в тото по помента на пред тото по помента на пред тото по
Address:	linear de des	
PART 4. OTHER SO	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	, or 3 of this form. Do not includ	e gifts. If none, check the box.
None ·	- may algor so to so some some sounds to make for an algorithm of the sound and the contract of the contract o	PERCENTER (NEW PARTIES NEW PAR
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: ME State Retirement	Matalian sa dalambahkan dan sa karang dalambah sa manan mengunangan dalambah sa mengunan sa mengunan sa mengun Tanggan	Company of the Compan
Address: Augusta		Pension Tracker
Name: ME State Retirement  Address: Augusta  Name: 3 unit Rental Propagaty		
Address: 524 Broad St. Rockland Me		Rents
	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	ore that you received during the relative. If none, check the box.	reporting period, and list the major.
☐ None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name:		000 de 0000 de
Address:		
PART 6. REPO List the specific source of each gift of more than \$300. Include gifts none, check the box	RTABLE GIFTS with an aggregate value of more	e than \$300 from a single source. If
None	typon 1995. Ti 1996 inner men en e	TATOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOT
Name of Source of Gift	Name of	Source of Gift
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2.		KOTERO (KOTERO KOTERO KOTER

PART 7. REPORTAB		and the second second	
List the source of any honoraria accepted for appearances or speeche  None	s related to y	/our on/	icial duties. If none, check the box.
Name of Source of Honoraria	SIN Company of the second of t	Ň	ame of Source of Honoraria
	3.	<u> </u>	and or overse or transmiss
2.		0009G0004663h88884-comme	
PART 8. REPRESENTATION B	TODE 01	-ATE	oruoisa.
List each executive branch agency before which you represented or a the box.			
None	sarrananan sanah san	1	MATANAN
Name of Agency	filmal hall debuggar (to hall provide the film of the	- E. A. Lauren, José de Liberton de la Parlache de	Name of Agency
1- 3	•		
2. 4		vinelikinystemuussuusse	
PART 9. BUSINESS WITI	H STATE /	AGENC	3ES
List each executive branch agency to which you or a member of your i \$1,000 during the reporting period. If none, check the box.	and the second second second second		
None :	M21/XXII/MMAcanana-adamikishishishishishiqofqqqqqqq	v.testettev.ttstånaa.com	number opprette die der under vorschausset werde der der der der der die der der der der der der der der der d
Name of Agency		III II CALANGAPANG	Name of Agency
1. 3		and the second	·
2. 4	ACMICINICA Malantina and an artist and a second a second and a second	00000000000000000000000000000000000000	######################################
PART 10. INCOME RECEIVED BY ME	MBERS O	FIMM	EDIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	of \$1.000 o	or more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Received	i appro	rcle opriate tter	Kind of Income
1. Real Estate Sales (6)	<u>(S)</u>	D	Commissions
2.	S	D	Provide Contract Cont
3.	S	D	черов на постоя в продел в пред ставова до не се не
4.	S	D	
SIGNATU	JRE		
A Legislator who willfully fails to file a required statement is subje (1 M.R.S.A. § 1017-A)	ct to a fine	of \$1(	0 per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the	Commission	on con	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to the	•		ement or has willfully filed a false statement
the Legislator shall be presumed to have a conflict of interest on question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019)	every gues	stion a	and shall be precluded from voting on any
Edward J. Marianah		1/1	alna

Date

Signature

NAME:	DATE:							NATON PARAMETER AND	*		
ADDRESS:	renewalana ana menena are eman are ara ara ara ara ara ara ara ara ara	ga apatamininka katalistii 1,000 apitanaan neuroninka neuroninka reneuroninka neuroninka s	ea ranioanaren eranan eranan erana era	Hehidessanserrieren anna meassans	ann ann an Airgeann ann an Airgean	TARTE (ASSESSED IN CONTRACTOR)		delinen mannar ar medica en coma acada da com	**************************************	DOLIN LIVEL DALIN LONDON ARTON AND THE	ACCRECATE TO THE PROPERTY OF T
ADDITIONAL INFORMATION											
Please provide information you	any additional are providing.	information b	oelow (and or	n additional	sheets if no	eeded).	Indicate t	he part or	section n	umber f	or the
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