



**Received**  
**FEB 18 2020**  
 Maine Ethics Commission

**COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

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**STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS**  
 2019 Calendar Year: January 1, 2019 - December 31, 2019

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

|   |   |
|---|---|
| Name<br><i>Theodore J Kryzak Jr</i>                   | Office<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate |
| Mailing Address<br><i>PO Box 291</i>                  | District Number<br><i>20</i>  |
| City/Town, State, Zip<br><i>Milton Mills NH 03852</i> | E-mail Address<br><i>tkryz@metrocast.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 18, 2020.**

**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.**
- 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 | State House<br>Augusta, ME | Government  | Legislator |
|                         |                            |   |            |

**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           |
|--|---|---|
| Riverside School LLC                                       | Milton<br>PO Box 291 Mills<br>NH<br>03852 | Transportation  |
|  |   |   |
| 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 |
|----------------------|--|---|
| Riverside School LLC | PO Box 291<br>Milton Mills NH<br>03852 | SPEID<br>Transportation                         |
| Fertile Farm LLC     | " " "                                  | Agriculture                                     |

**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 |
|------------------------------|---------|-----------------------|
| Social Security              |         | Benefits              |
| US Gov Civil Service Pension |         | 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<br>(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<br>(do not list name of dependent child) | Source of Income<br>Name and Address | Type of Income |
|--|--------------------------------------|----------------|
|  |                                      |                |
|  |                                      |                |
|  |                                      |                |

| 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 |
| Kennebunk Savings   | Kennebunk Maine                   | Mortgage  |
| Citizens Bank   | Rochester NH                      | Mortgage  |
| Part 8. Gifts, Including Travel and Accommodations  |                                   |   |
| <input checked="" type="checkbox"/> None. Check this box if you did not receive any gifts.  |                                   |   |
| Source of Gift  | Description of Gift               |   |
|   |                                   |   |
|   |                                   |   |
| Part 9. Honoraria   |                                   |   |
| <input checked="" type="checkbox"/> 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   |                                   |   |
| <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. Theodore Kryzak for Maine  | Theodore Kryzak                   | President   |
| 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 |
|----------------|---|
|                |   |
|                |   |
|                |   |

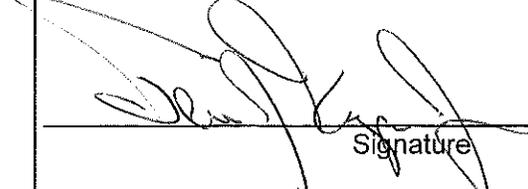
**Part 13. Positions in For-Profit and Non-Profit Organizations**

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 |
|-----------------------------------|-------|-------------------------|--|--------------------|
|                                   |       |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                    |
|                                   |       |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent |                    |
|                                   |       |                         | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse<br><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

2/18/20  
 \_\_\_\_\_  
 Date