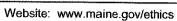
Office: 242 State Street, Augusta, Maine



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.

☐ Please check if this is an update to	o a previously filed statement for the calendar year	r 2008.			
	LEGISLATOR INFORMATION				
Name Seth Be	Member of: ☑ House ☐ Senate				
Mailing address 1245 Rive	rRJ.	District 67			
City, zip code Bowobinho	an Mt 01008	Phone 737-4149			
PART 1. IN	COME DERIVED FROM EMPLOYMENT BY AND	OTHER			
List the name and address of each e principal type of economic activity of ea	employer from whom you received compensation ach employer.	of \$1,000 or more. Specify the			
Name of Employer	Address	Principal Type of Economic Activity of Employer			
MSAD 75	50 Republic Mr. Topsham WE 04086	education			
		•			
PART 2	. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)	NT			
A. List the name and address of you derived income. If associated with a pareas of economic activity of that entity	or business, if any, and list the major areas of e coartnership, firm, professional association, or simi	economic activity from which you ilar business entity, list the major			
Name and Address of Business	Entity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)			
Name:		The second secon			
Address:	a_{i}	energyd Street (SSI) o Mouse ann gen y gyfrif (Million (SSI) de calerie dan en en en en y presy fyriaid (SSI) ann achae ann gyfrif (SSI) (SSI) ann achae ann			
Name:	R.				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY o are self-employed.)	MENT
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 profethe entity or person from whom the income was derived.	epresents more than 10% of your entity or person from whom you d	erived 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:	onement on a view on a minima da sua tila a alam menaliment ununun eta menengenia ja pera dapatan dan daja jal Tangan salam s	ikaka di keraba damba Amerika dan mengeberakan di pendakan di pendakan di kebanah di pendakan di dalah di damb Terapakan di pendakan di pendakan mengeberakan di pendakan di pendakan di pendakan di pendakan di pendakan di
Address:	outer-control	
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Address:	XX AZZY COSSON	
	REAS OF PRACTICE	
(For Legislators who ar List your major areas of practice. If associated with a law firm, list to	e attorneys-at-law only.) he maior areas of practice of your	firm
Name and Address of Firm	Major Areas of Prac	Communication Control (Control Control
Name:		erinteriori e e en esta en
Address:	A SALAN KANSAN KA	
Name:	TO THE CONTROL OF THE PARTY OF	түүний түүлий байдаган байлан байлан байлан байлан байлан байдаган байлан байлан байлан байлан байлан байлан б Соорон байлан
Address:	BODY AND THE ADMINISTRATION OF THE ADMINISTR	**************************************
PART 4. OTHER SC	DURCES 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 include	gifts. If none, check the box.
None	Tiglifi an agam hayan na habahan garan sayan gayay gayay garan garan garan karan karan karan karan karan karan	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	A contraction of the contraction	
Address:		A MANAGAM AND
Name:	Linguist in a section of the section	
Address:	5	
PART 5. REPORT 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 r	eporting period, and list the major
☑ None	TOTAL TOTAL STATE OF THE STATE	$-\frac{1}{2} \left(\frac{1}{2} $
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	The second secon	et te et en
Address:	distribution of the state of th	•
Name:		and and a second
Address:		
PART 6. REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more	than \$300 from a single source. If
None		
Name of Source of Gift 1.	Name of S	ource of Gift
2.	**************************************	2000,000,000 where the transfer of the $2000,000$ and $2000,000$ are the $2000,000$ and $2000,000$ and $2000,000$ and $2000,000$ are the $2000,000$ and $2000,000$ and $2000,000$ are the $2000,000$ and $2000,000$ and $2000,000$ are the $2000,000$ and $2000,000$ and $2000,000$ are the $2000,000$ and $2000,000$ are

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PART 7. REPORT.	ABLE H	ONO	RARIA		
List the source of any honoraria accepted for appearances or speed	ches relate	ed to y	our off	icial duties. If none, check the box.	
 None			-		
Name of Source of Honoraria		The state of the s	N	ame of Source of Honoraria	
1.	3.	Printersoogenstater Max	676 G/244binnessen		
2.	4.			THE PROPERTY OF THE PROPERTY O	
PART 8. REPRESENTATION	V BEFOR	E ST	ATE /	AGENCIES	
List each executive branch agency before which you represented the box.	or assiste	d othe	ers for	compensation of any amount. If none, check	
None	***************************************	Milliotetiningoggy	***************************************		
Name of Agency	Service of the servic		No. 200 (100 (100 (100 (100 (100 (100 (100	Name of Agency	
1.	3.				
2.	4.	MILARO A CONTRACT OF STREET	NOT THE COLUMN ASSESSMENT ASSESSMENT		
PART 9. BUSINESS W	UTH STA	TE A	GEN	PIES	
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immedi	iate fa	mily sc	old goods or services with a value in excess of	
☐ None	daviledavdekellegrinslitassessasserille	SHEMAN AND AND AND AND AND AND AND AND AND A	***************************************		
Name of Agency				Name of Agency	
1. ·	3.				
2.	4.				
PART 10. INCOME RECEIVED BY I	MEMBEI	RS O	FIMM	EDIATE FAMILY	
List the type of economic activity representing each source of incomeren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1, d. Do not	,000 o includ	r more de gifts	received by your spouse or dependent child . Circle "S" for income received by spouse or	
Type of Economic Activity Representing Source of Income Received	ived	Cir appro leti	priate	Kind of Income	
1.	A CONTRACTOR	S	D		
2.	Province of the second	S	D	na distributa di santa di kanda di kand	
3.	Militaria e e e e e e e e e e e e e e e e e e e	S	D	The second of the second secon	
4.	Indiana Mariana Angarang ang Pangarang ang P	S	D		
SIGNA	TURE				
A Legislator who willfully fails to file a required statement is sul (1 M.R.S.A. § 1017-A)	bject to a	a fine	of \$10	O per business day until the report is filed.	
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Com	missic	on con	cludes that it appears that a Legislator has	

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

(1 M.R.S,A-§ 1019)

Signature

NAME:	980/Avin allaha.	DATE:												
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ADDITIONAL INFORMATION														
Please provide information you	any additional are providing.	information	below (a	and on	additional	sheets	if needed).	Indicate	the pa	art or	section	number	for	the
Part/Section Number														**************************************
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