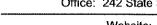
Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179

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



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

☐ Please check if this is an update to a previously filed statement for the calendar year 2008.

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.

	LEGISLAI	OR INFORMATION			
Name SEN A. Gooda	Ч			Member of:  ☐ House	Senate
Mailing address  5 Church STREET				District	7
City, zip code Richmord ME 04357			e de la companya de l	Phone 207-73	7-4797
PART 1. INCOM	E DERIVED	FROM EMPLOYMENT	BY ANOT	HER SAME AND STREET	
List the name and address of each employ principal type of economic activity of each er	er from who	om you received comp	ensation o	f \$1,000 or mo	re. Specify the
Name of Employer	Address			Principal Type of Economic Activity of Employer	
McCloskey Mira Consuff & Dilustry	12 City Center, Portland, ME 04101			w.keg	in Seevies
McCloslag Resource Georp	12 Copy Certel, Portland, Me 04101			Consucting,	Litigarian Seport
Maine Democestic Pary	16 Untump ST, Augusta, NE 04332			Political	PARTY
STARTING OUT, Inc.	P.O. Box 60, DamascumA, ME, 04551		PUBLIS 157A	og company	
(Fo	r Legislators	ED FROM SELF-EMP who are self-employed	)		from which you
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.					
Name and Address of Business Entity		Major Areas of Economic Activity (self)		Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: SEAI GOODALL		Political Consulting + Frankaising + + legal	Businery		
Address: 5 church Steet Richways, NE 04357		+ two Raising +	Deullyng		CONTROL CONTRO
Name:	**************************************	regat	لكستستيم		
Address:					

PART 2 (continued). INCOME D (For Legislators	DERIVED FROM SELF-EMI who are self-employed.)	PLOYMENT		
B. List each source of income derived from self-employment that is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prothe entity or person from whom the income was derived.	ne entity or person from whom	vou derived	such income. If this form of	
Name and Address of Source	Activ	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: SMERING OVT, IAC		Pub	lishing Conpany	
Address: Po. Box 68, Damokiscott, NE 04551			, ()	
Name: New England Governols' Conference			nal Policy soldinate Between	
,	Address: 76 Summer Street, 2nd flow, Bosom MA 02110-1226			
PART 3. MAJOR AREAS OF PRACTICE  (For Legislators who are attorneys-at-law only.)				
List your major areas of practice. If associated with a law firm, lis		f your firm.		
Name and Address of Firm	Major Areas c	Andrew Control of the	Major Areas of Practice (firm)	
Name: McCloskey, MiNA, GUNNY + Difworth, LLC			Civil Litzation & Charles &	
Name: McCloskey, MiNA, anniff + Diwarth, LLC Address: 12 City Center, Pattons, Me 04101	Civil Chizepon Chamma D	eleuse.	CHUNINAL OFFERSES	
Name:	CONSTRUCTION OF THE PROPERTY O	international desiration of the second secon	оттопососии и постоя от постоя	
Address:	N. 17 44 485 DK SK			
	SOURCES 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 in	nclude gifts.	f none, check the box.	
None	erijell () herrinara erina anterior anterior in 1885 kept op som get and general erinaria erina	an ang ang ang ang ang ang ang ang ang a	17 Majakaka dalah jarah dalah samannan menggunan apropora aproport (1822) A Nazalah persainka persainka daram	
Name and Address of Source		(in	Kind of Income vestments, leases, etc.)	
Name:	titetti terikan kanan kana Kanan kanan ka		ermanne en maneriale i se de la companya de la comp	
Address:		e Paraka hasasaran		
Name:	en de la companya de La companya de la companya del la companya de la companya del la companya de la compa	3 5 5 5	Distance was a second of the property of the second and the second	
Address:		HIS CAN TOO HIS TAKEYS TO		
	RTABLE LIABILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list loans from	more that you received during a relative. If none, check the	g the reportin	g period, and list the major	
None :	татитеттик в и остост. Иск. постоя личном надагается и уставляется составляется в постоя в по	евтво чество то со т С	эмчин түүлий түүлий түүл түүл түүл түүл түүл түүл түү түү т	
Name and Address of Creditor		Prir	ncipal Type of Economic Activity of Creditor	
Name:	· · · · · · · · · · · · · · · · · · ·			
Address:		and the first of t		
Name:	**************************************		**************************************	
Address:		Carlos An estados		
List the specific source of each gift of more than \$300. Include gi	ORTABLE GIFTS fts with an aggregate value of	more than \$3	00 from a single source. If	
none, check the box  None	NNSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS		MANAMANANANANANANANANANANANANANANANANAN	
Name of Source of Gift	nt and plantic between the control of any line will be the line of	e of Source o	of Gift	
1.	3.	ic of oodice (	<u> </u>	
2.	4.	THE IN A COMMENCE OF THE PROPERTY OF THE PROPE	од задажения на принципання на прин	

PART 7. REPORTA	PART 7. REPORTABLE HONORARIA				
List the source of any honoraria accepted for appearances or speec	hes related to y	our of	ficial duties. If none, check the box.		
Name of Source of Honoraria					
1.	3.	A CONTRACTOR	lame of Source of Honoraria		
	3 <b>- Q.</b> 		申一事で報告ではでいた。 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、		
2.	4.				
PART 8. REPRESENTATION	Contract Con				
List each executive branch agency before which you represented of the box.	or assisted othe	ers for	compensation of any amount. If none, check		
None					
Name of Agency			Name of Agency		
1. Health & Human Services Dept. of	3. Office	` & &	fte Greenor		
1. Health & Human Services Dept. of 2. Education Department of	4. Eemomic	ے کے کے	the Greenor Depris		
PART 9. BUSINESS W	and a second				
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 immediate fa	mily so	old goods or services with a value in excess of		
None	entrikan sementah ini mentenghi daria Mazaraz sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai s				
Name of Agency			Name of Agency		
1.	<b>3.</b>				
2.	4.				
PARŤ 10. INCOME RECEIVED BY I	MEMBERS O	- IMM	EDIATE FAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.					
Type of Economic Activity Representing Source of Income Recei-	Cir ved appro let	priate	Kind of Income		
1. Accounting Fier (Atmeney)	$(\mathbf{s})$	D	Emplorence I		
2. Legal Seavices (affrence)	(S)	D	Euplingent		
3.	S	D	4		
4.	S	D			
SIGNATURE					
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)					
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has					

willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

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. § 1/019)

Signature

NAME: S	SENT GOODALL DATE:	2/17/09				
ADDRESS:	5 Aurel 8T., Richnews, ME 048	57				
ADDITIONAL INFORMATION						
Please provide information you	e any additional information below (and on additional sheets if needed). In a providing.	ndicate the part or section number for the				
Part/Section Number						
1	Town of Richmond Board of Sobermer 26 GARDING Street, Richmond, ME 04357	> Elected official				
Paer 8	- Department of Teansportation - Department of Conservation - Department of Inland Fisheries +	ė.				
Z.B.	SETH GOODUL - SELF END LEGAL CONNEIL to Se - Maine State Severa (regal conneil to Se	rote Pesidet) - Legal				
	THE TOTAL PROPERTY OF					
·						
венний дей дей дей дей дей дей дей дей дей де						
зай почани плине от немоден укупенности также поставителения предоставителения поставителения поставителения п						
немидарание утвежденного нерозначали штакж						
del secularios está secularios de constitución						