



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 a previously filed statement for the calendar year 2008.

LEGISLATOR INFORMATION

Name SETH A. GOODALL	Member of: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address 5 Church STREET	District 19
City, zip code Richmond ME 04357	Phone 207-737-4797

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
McCloskey MIRA Curuffo & Dilworth, LLC	12 City Center, Portland, ME 04101	Legal Services
McCloskey Resource Group	12 City Center, Portland, ME 04101	Consulting, Litigation Support & Investigations
MAINE DEMOCRATIC PARTY	16 Winterop St, Augusta, ME 04332	Political Party
STARTING OUT, INC.	P.O. Box 60, Danvers, ME, 04551	Publishing Company

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

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: SETH Goodall Address: 5 Church Street Richmond, ME 04357	Political Consulting Business + Fundraising + Development + Legal Services	
Name: Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: <i>STARTING OUT, Inc.</i> Address: <i>P.O. Box 68, Danversville, ME 04551</i>	<i>Publishing Company</i>
Name: <i>New England Governors' Conference</i> Address: <i>76 Summer Street, 2nd Floor, Boston MA 02110-1226</i>	<i>Regional Policy Coordination between New England States</i>

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, list the major areas of practice of your firm.

Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name: <i>McCloskey, Minn, Cunniff + Dikwith, LLC</i> Address: <i>12 City Center, Portland, ME 04101</i>	<i>Civil Litigation & Criminal Defense</i>	<i>Civil Litigation & Criminal Defense</i>
Name: Address:		

PART 4. OTHER 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 include gifts. If none, check the box.

None

Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	

PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.

None

Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name: Address:	

PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

None

Name of Source of Gift	Name of Source of Gift
1.	3.
2.	4.

PART 7. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.

None

Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

None

Name of Agency	Name of Agency
1. Health & Human Services, Dept. of	3. Office of the Governor
2. Education, Department of	4. Economic & Community Development, Dept. of

PART 9. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.

None

Name of Agency	Name of Agency
1.	3.
2.	4.

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE 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.

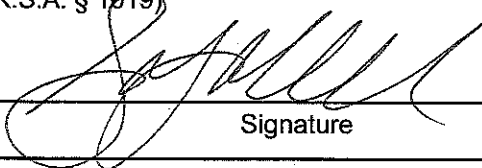
Type of Economic Activity Representing Source of Income Received	Circle appropriate letter		Kind of Income
1. Accounting Firm (attorney)	S	D	employment
2. Legal Services (attorney)	S	D	employment
3.	S	D	
4.	S	D	

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. § 1019)


Signature

2/17/09
Date

NAME: SETH Goodall

DATE: 2/17/09

ADDRESS: 5 Church St., Richmond, ME 04857

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section Number

1 Town of Richmond, Board of Selectmen
26 Gardner Street,
Richmond, ME 04857 > Elected officials

PART 8 - Department of Transportation
- Department of Conservation
- Department of Inland Fisheries + Wildlife

Z.B. SETH Goodall - Self employment
- Maine State Senate (legal counsel to Senate President) - Legal