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JUN 1 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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## 2009 STATEMENT OF SOURCES OF THEOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Maine Ethics Commission</u> by **5:00 p.m. on April 16, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

EMPLOYEE INFORMATION							
Name Seth H. Bradstreet I	Title (	OMMISSONE					
Name Seth H. Bradstreet I  Department/Agency/Bureau/Division Agricultur	e Work P	hone 267 287 3419					
Mailing Address, City, ZIP							
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.							
None	TETET TO THE SELECT AND THE MET AND THE SELECT ASSOCIATION AS A SELECT ASSOCIATION ASSOCIATION AS A SELECT ASSOCIATION AS A SELECT ASSOCIATION AS A SELECT AS A SELECT ASSOCIATION AS A SELECT ASSOCIATION AS A SELECT ASSOCIA						
Name of Employer	Address	Principal Type of Economic Activity of Employer					
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		and the second mean and second mean of the second mean and an an analysis of the second mean and an arrangement					
PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR L	AW PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic							
activity or practice of that entity.  None							
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)					
Name: Bradstreut FARM	Fam. ly FARN	, Family FARM					
Address: P.O By 207 Numpert Main	6495]						
Name:							
Address:							

PART 2 (continued). INCOME DERIVED FROM S	SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that represe whichever is greater, and specify the principal type of economic activity of the entity of form of disclosure is prohibited by law, rule, or an established code of professional activity of the entity or person from whom the income was derived.	r person from whom you derived such income. If thi
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who i the Source of the Income
Name:	
Address:	
Name: Address:	
PART 3. OTHER SOURCES OF IN	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do box.	not include gifts or honoraria. If none, check the
None	минический выше вы вы не на настина на положения на
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIABILIT	ries
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you recorded areas of economic activity of each creditor. Do not list credit card liabilities, or educinate as campaign contributions, or business loans from regulated financial institutions	ational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
	the state of the s
Name: Address:	
Address.	
PART 5. REPORTABLE GIFTS	S
List the specific source of gifts received during the reporting period with an aggregate v	alue of more than \$300. If none, check the box.
None	
Name of Source of Gift	Name of Source of Gift
1.	
2. 4.	

	REPORTABLE HONORA			
List the source of any honoraria accepted for appearances of	or speeches related to your	official capacity or dutie	s. If none, check the box.	
None None	Selection of the Selection points are a control of the selection of the se	e Mercety and the constraint and		
Name of Source of Honoraria		Name of Source of I	Honoraria	
1.	3.			
		en e	a mana ana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar	
2.	4.			
PART 7. REPRESEN	ITATION BEFORE STAT	TE AGENCIES		
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	or a member of your imm y. Indicate whether you or	nediate family represer a family member appo	nted or assisted others eared before the agency.	for If
₩ None	ar morale government and a construction of the	erer ( ) and an arrange of the second	•	
Name of Agency	an arteret man en arteret en et en et en arteret en	Name of Ager	тсу	
1.	3.			
2.	4.	ene d'energ dem sens renne en renner en		
PART 8. BUSI	NESS WITH STATE AGI	ENCIES		
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate famil a family member sold the go	ly sold goods or service ods or services. If nor	es with a value in excess ne, check the box.	of
None	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL AND A STATE AND A	emperature temperature (1900-1900) da servicio e escala mesencia e en esta de encentral de encentral de encent	angereden serveren speriere er er in speries per sente er en er en	
Name of Agency	ar para garaga na garaga garaga na garaga na mana para garaga na garan na garaga na mana na garaga na garaga n San san san san san san san san san san s	Name of Ager	icy	
1.	3.			
2.	4.	and the second s		
			PALEST CONTRACTOR CONT	
PART 9. INCOME RECEIV	ED BY MEMBERS OF IN	MEDIATE FAMILY		_
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, list his or her name and job title. List only not include gifts.	d of income represented. I	If your spouse or dome	stic partner received \$1.00	00
Name of Spouse or Domestic Partner and Job Title	Type of Economic Representing Source Received		Kind of Income	
. 71.31+4	1. Sounday	1.		
Name: Debra Brad tract	2.	2.		
Job Title:	3.	3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

PART 10. OFFIC	CER OR DIRECTOR	POSITIONS				
List any for-profit or nonprofit corporation, firm, association, p held any office, trusteeship, directorship, or position of any na- tion was compensated. If a family member listed, indicate yo	ature. Indicate whether	r you or a family hele	d the position and whe	ate family ther the posi-		
None None						
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
and Address	maa inga ay ay ay ahaana ah ay ah		TAGING	Jaica:		
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	SIGNATURE					
Subscribed and sworn (affirmed) to before methis day of  Signature of Notary Public/Attorney-at-law  My commission expires (Seal is optional)  Mathematical expires and accurate to the best of my knowledge.  S/77/10  Signature  Date  Melonie Littlefield Notary Public State of Maine My Commission Expires April 7, 2012						
	IONAL INFORMATIO					
Please provide any additional information below (and of the information you are providing. Use additional page		f needed). Indica	te the part or section	n number for		
Part/Section			•			
Number						