



Received

MAR 30 2017

Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333

OFFICE: 45 MEMORIAL CIRCLE, AUGUSTA, MAINE

WEBSITE: WWW.MAINE.GOV/ETHICS

PHONE: 207-287-4179

FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

2016 Calendar Year: January 1, 2016 - December 31, 2016

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

|                                                                          |                                                   |
|--------------------------------------------------------------------------|---------------------------------------------------|
| Name<br>Suzan C. Beaudoin                                                | Job Title<br>Deputy Commissioner                  |
| Department<br>Education                                                  | Phone (work)<br>(207) 624-6794                    |
| Mailing Address (work)<br>23 State House Station, Augusta, ME 04333-0023 | E-mail Address (work)<br>suzan.beaudoin@maine.gov |

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly. **NO RED INK!**
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- If April 15 falls on a weekend or holiday, this statement is due on the next business day.

Please keep a copy of this statement for your records!

REPORTING DEADLINES

**Constitutional Officers and the State Auditor**

Newly elected constitutional officers and the state auditor must file the financial disclosure statement within 30 days of election and by April 15 of each year they are in office, unless a report for that year has already been filed.

**Appointed Executive Employees**

Newly appointed executive employees who are appointed by the Governor and confirmed by the Legislature must file the financial disclosure statement prior to their confirmation and by April 15 of each year of their employment, unless a report for that year has already been filed.

**Executive Employees in Major Policy-Influencing Positions**

Executive employees in major policy-influencing positions must file the financial disclosure statement by April 15 of each year of their employment.

**Leaving Office or Terminating Employment**

Constitutional officers and the state auditor and all other executive employees must file a final financial disclosure statement within 45 days of leaving office or terminating employment that covers the calendar year of leaving office or terminating employment.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Executive branch employees are required to update their financial disclosure statement within 30 days of a substantial change in income, reportable liabilities or positions of the executive branch employee or an immediate family member (except dependent children) that occurs in the current calendar year. (5 M.R.S.A. § 19(3)(C)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the executive branch employee 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 executive branch employee, 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.

**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 |
|------------------|---------|-------------------------------------------------------------|-----------|
|                  |         |                                                             |           |
|                  |         |                                                             |           |

**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           |
|---------------------------------------------------------------|---------|-----------------------------------------------------------|
|                                                               |         |                                                           |
|                                                               |         |                                                           |
| Name of Client or Customer, if required<br>(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 |
|------------------|---------|-------------------------------------------------|
|                  |         |                                                 |
|                  |         |                                                 |

**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 |
|----------------|---------|-----------------------|
|                |         |                       |
|                |         |                       |
|                |         |                       |

**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<br>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**

☐ 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 |
|---------------|------------------|-----------------------------------------------------------|
|               |                  |                                                           |
|               |                  |                                                           |

**Part 8. Gifts, Including Travel and Accommodations**

☐ None. Check this box if you did not receive any gifts.

| Source of Gift | Source of Gift |
|----------------|----------------|
| 1.             | 2.             |
| 3.             | 4.             |

**Part 9. Honoraria**

☐ 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**

☐ 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.                |                                   |       |
| 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<br>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 |
|----------------|-------------------------------------------|
|                |                                           |
|                |                                           |
|                |                                           |

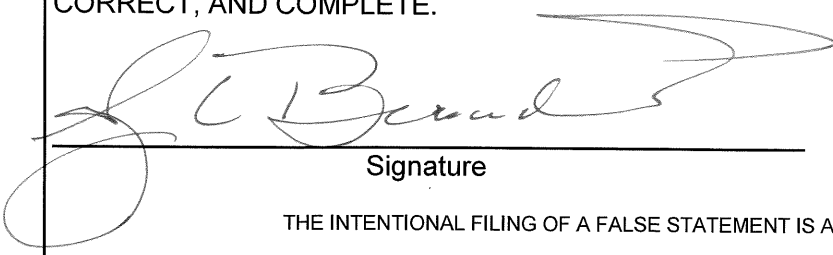
**Part 13. Positions in For-Profit and Non-Profit Organizations**

☒ 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<br>and Address | Title | Name of Position<br>Holder | Relationship<br>to Executive<br>Employee                                                               | Compensated<br>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.

  
Signature3-29-2017  
Date