

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

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 15, 2012. 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 r	equiremei	its, or now to report specific situation	ons.				
	LEGISL	ATOR INFORMATION					
Name			Office:				
Name PAULETTE Con BEAUDO! Mailing address 30 HERRING AVE. EXT. City, zip code BIDDE FORD MAINE O	'w		☑ House	☐ Senate			
Mailing address			District				
33 HERRING AVE. Ext.	135						
City, zip code			Phone				
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(1) (DISC 11/10 11/10 10 - 6							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
☐ None	(1100°-10.)						
Name of Employer	gapaggarga propagana ghrong ang photo hashahala a Abililian da a	Address	Principal Type of Economic Activity of Employer				
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PART 2. INCOME DEF	RIVED FR	OM SELF-EMPLOYMENT OR LAV	V 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	AS CONTROL STATE OF PROPERTY AND A CONTROL OF THE STATE O		ATTIONIEN-TALLIZATIONIS INSTRUMENTS EL RENON-MISSE-CIRCUS EL COCUMINATA Y PARA ELIZARIO.	носком надам в надам нед на втобной до до тобной до до тобной до до тобной до до тобной до тобной до тобной до			
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)					
Name:	THE OPENING CONTROL OF THE PARTY OF THE PART	- Chapter Carlo Ca	Probability (1) for the second				
Address:							
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Name:							
Address:							

PART 2 (continued). INCOME D	ERIVED FROM SELF-EMPLOY	MENT	
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of e income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the entity or pe established code of professional ethi	erson from whom you derived such	
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:	The second of the second secon	Grand demonstration of the Ambridge of the State of the Control of	
Address:			
Name: Address:			
PART 3. OTHER 5	SOURCES OF INCOME		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 o box.	r 2 of this form. Do not include gifts	or honoraria. If none, check the	
None	omfort die Programmen son aus einem son versche seine der Ansterder versche Stellen zu son eine der Stellen son war der Stellen son der Stelle	lifed definition of the control of t	
Name and Address of Source	от на применения в применения	Kind of Income (investments, leases, etc.)	
Name: SOCIAL SECURITY	THE COLUMN THE COLUMN C	iadus international international en commente anno en en commente anno en en securir a morre a momenta an en ca En en	
Name: SociAl SECURITY Address: WAShington, D.C.	To Control of the Con	S,S.	
Name:			
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Name:		નું ભાગમાં અને અને અને અન્ય પ્રસ્તાના હતા કરાવા કરવા કરવા છે. આ માટે અને સાથે સ્થાપના અને કરો કરો કરવા માટે અન ત્રાંત્ર માટે અને અને અને પ્રસ્તાના અને સ્થાપના સાથે કરવા કરવા કરવા છે. આ માટે અને સાથે સાથે સાથે સાથે કરવા કર 	
Address:	TO ALLES AND		
PART 4. REPOR	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 credit card liar regulated financial institutions. If none, check the box.	more that you received during the abilities, educational loans, loans fro	reporting period, and list the major m a relative, or business loans from	
□ None	он и пин ченим нечение на пин		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	TO A MINISTER MAN THE MINISTER AND A SHARE A S		
Address:			
Name:	00000000000000000000000000000000000000	etti oli tuoti	
Address:			
PART 5. GIFTS, INCLUDING T	RAVEL AND ACCOMMODATIO	NS	
List the specific source of gifts received during the reporting period v	vith an aggregate value of more thar	\$300. If none, check the box.	
None		70.2003-15-4	
Name of Source of Gift 1.	Name of S	Source of Gift	
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2.	4.		

PA	ART 6. HONORARIA			
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.			
□ None				
Name of Source of Honoraria	Name of S	Source of Honoraria		
1.	3.			
2.	4.			
	NTATION BEFORE STATE AGENCIE			
List each executive branch agency before which you repre- box.	sented or assisted others for compensation	on of any amount. If none, check the		
None				
Name of Agency	Nam	ne of Agency		
1.	3 .	3.		
2.	4.	мителия министичник менени и м		
PART 8. BUSI	INESS WITH STATE AGENCIES			
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or				
☐ None	MANAGAMATTANA			
Name of Agency	постоя по	Name of Agency		
1.	3.			
2.	4.	4.		
List the type of economic activity representing each source	/ED BY MEMBERS OF IMMEDIATE F	y your spouse or domestic partner or		
dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only not include gifts.	nd of income represented. If your spouse	or domestic partner received income		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name:	1	1		
	2	2		
Job Title:	3	3		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:				

		FFICER OR DIRECT			
held any office,	it or nonprofit corporation, firm, association trusteeship, directorship, or position of ar s compensated. If a family member is list	ny nature. Indicate whe	ther you or a family	member held the pos	sition and whether
☐ None					
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	ADI any additional information below (an you are providing. Use additional p			icate the part or se	ection number for
Part/Section Number					