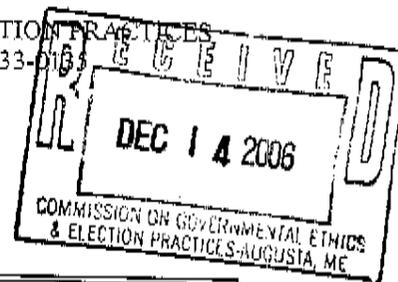




STATE OF MAINE  
 COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
 Mail: 135 State House Station, Augusta, Maine 04333-0135  
 Office: 242 State Street, Augusta, Maine  
 Tel: (207)287-4179  
 Website: www.maine.gov/ethics



**STATEMENT OF SOURCES OF INCOME  
 FROM JANUARY 1, 2005 THROUGH DECEMBER 31, 2005  
 FOR LEGISLATIVE CANDIDATES  
 IN THE NOVEMBER 7, 2006 GENERAL ELECTION**

FULL NAME: PAULETTE G. BEAUDOIN  
 MAILING ADDRESS: 32 HERRING AVE. EXT.  
 CITY: BIDDEFORD, MAINE  
 ZIP CODE: 04005  
 PHONE NUMBER: 284-6324

Please check the appropriate box and fill in the District number.

Candidate for the Senate, District \_\_\_\_\_

Candidate for the House, District 135

**GENERAL INSTRUCTIONS**

1. Legislative Candidates who were not members of the 2005-2006 Legislature must file a statement listing the sources of the candidate's income during 2005. (See 1 M.R.S.A. § 1016-C.) Please file this statement with the Commission on Governmental Ethics and Election Practices by Monday, August 7, 2006, by 5:00 p.m.
2. The report covers you, your spouse, and your dependent children.
3. Report only specific sources of income. Dollar amounts need not be listed.
4. Campaign contributions duly recorded as required by law need not be reported in this statement.
5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
6. Please sign and date on Page 4.

**PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.**

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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

**PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER.** Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

<u>Name of Employer</u>	<u>Address</u>	<u>Principal Type of Economic Activity of Employer</u>
1. <i>M/A</i>		
2.		
3.		

**PART II. INCOME DERIVED FROM SELF-EMPLOYMENT.** *(For Candidates who are self-employed.)*

A. Enter 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.

<u>Name and Address of Business Entity</u>	<u>Major Areas of Economic Activity (self)</u>	<u>Major Areas of Economic Activity (partnership, association or similar business entity)</u>
1. <i>M/A</i>		
2.		
3.		

B. Name 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.

<u>Name of Source</u>	<u>Address</u>	<u>Principal Type of Economic Activity of Entity or Person Who Is the Source of Income</u>
1. <i>M/A</i>		
2.		
3.		

**PART III. MAJOR AREAS OF PRACTICE.** *(For Candidates 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.

<u>Name and Address of Firm</u>	<u>Major Areas of Practice (self)</u>	<u>Major Areas of Practice (firm)</u>
1.		
2.		
3.		

**PART IV. OTHER SOURCES OF INCOME.** Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

<u>Name of Source</u>	<u>Address</u>	<u>Kind of Income</u>
1. <i>NONE</i>		
2.		
3.		

**PART V. DISCLOSURE OF 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, so state.

<u>Name of Creditor</u>	<u>Address of Creditor</u>	<u>Principal Type of Economic Activity of Creditor</u>
1. <i>NONE</i>		
2.		
3.		

**PART VI. DISCLOSURE OF GIFTS.** Name 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, so state.

1. <i>NONE</i>	3.
2.	4.

**PART VII. DISCLOSURE OF HONORARIA.** List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, so state.

1.	3.
2.	4.

**PART VIII. REPRESENTATION BEFORE STATE AGENCIES.** Identify each executive branch agency before which you represented or assisted others for compensation of any amount. If none, so state.

1. <i>NONE</i>	3.
2.	4.

**PART IX. BUSINESS WITH STATE AGENCIES.** Identify 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, so state.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**PART X. 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. Indicate (S) beside sources of income received by spouse and (D) beside sources of income received by dependent(s).

Type of Economic Activity  
Representing Each Source of  
Income Received

Kind of Income

- 1. NONE \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\*\*\*\*\*

The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Candidate has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Candidate has willfully failed to file a required statement or has willfully filed a false statement, the Candidate 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. A Candidate who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)

*Paulette G. Beauchamp*  
Signature

12/10/06  
Date