



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Maine Ethics Commission

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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES
2015 Calendar Year: January 1, 2015 - December 31, 2015

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

Name WILLIAM H. BEARDSLEY	Job Title DEPUTY COMMISSIONER
Department EDUCATION	Phone (work) 624-6620
Mailing Address (work) 23 State House Station, Augusta, ME 04333-0023	E-mail Address (work) bill.beardsley@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.

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
STATE OF MICHIGAN	DEPARTMENT OF EDUCATION 23 STATE HOUSE STATION AUGUSTA, MI 49333-0023	STATE GOVERNMENT FIELD OF EDUCATION	DEPUTY COMMISSIONER/ ACTING COMMISSIONER

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 (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
SOCIAL SECURITY TIAA INSURANCE + ANNUITY ASSOC. VANGUARD FIDUCIARY TRUST CO SALE OF PROPERTY	ROOM 10307 HARLOW, BANGOR ME 04401 5500 ANDREW CHARLOTTE BLD, CHARLOTTE, NC. 28262 P.O. BOX 2600, VALLEY Forge, PA 19482-2600 31 WINDFLOWER LN, ELLSWORTH ME 04605	SOCIAL SECURITY BENEFIT IRA ANNUITY DISTRIBUTION IRA INVESTMENT DISTRIBUTION CASH
MORGAN STANLEY INVESTMENT ACCT. CAPITAL GAINS IN EXCESS OF \$2000: SIEMENS AKT, 3 MCO., ARCHER DANIELS MIDL., MC DONALD'S CORP, PROCTER + GAMBLE STOCK DIVIDENDS IN EXCESS OF \$2000 CAMDEN NATIONAL BANK	23 WATER ST., BANGOR, ME 04401	CAPITAL GAINS DIVIDENDS

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 (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
ELIZABETH B. BEARDSLEY (SPOUSE) PART TIME TEACHER	RSU 24, 2163 U.S. RT. 1 SULLIVAN, MAINE 04664	PART TIME TEACHER (JANU-JUNE, 2015)

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 (do not list name of dependent child)	Source of Income Name and Address	Type of Income
ELIZABETH B. BEARDSLEY (SPOUSE)	MAINE PUBLIC EMPLOYEES RETIREMENT P.O. BOX 349, AUGUSTA, ME 04332-0349 VANGUARD FIDUCIARY TRUST CO, P.O. BOX 2600, VALLEY Forge, PA 19482-2600	RETIREMENT BENEFIT CHECK IRA INVESTMENT DISTRIBUTION
	ACADIA CORP., EDEN RD, BARRINGTON, ME 04609 MORGAN STANLEY INVESTMENTS, 23 WATER ST., BANGOR, ME 04401 • DIVIDENDS IN EXCESS OF \$2000	DIVIDEND
	BAR HARBOR BANK SHARES, JEP PLC ADS, FIRST BANK CORP INC (MIE), GENERAL SEC, 13th, MERRILL LYNCH + CO, PDSICO INC, SHELLMIDWINTER LTD. TEMPLETON WORLD FUND	DIVIDENDS DIVIDENDS + CAPITAL GAINS DISTRIBUTION

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 received 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 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 and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
ALL NON PROFIT UNIVERSITY OF MAINE SYSTEM BOARD OF TRUSTEES 16 CENTRAL ST, BANGOR, ME 04401-5100	TRUSTEE (ex-officio)	WILLIAM H BEARDSLEY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NONE
MAINE COMMUNITY COLLEGE SYSTEM BOARD OF TRUSTEES 323 STATE ST, AUGUSTA, ME 04350	TRUSTEE (ex-officio)	WILLIAM H. BEARDSLEY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NONE
MAINE STATE BOARD OF EDUCATION STATE HOUSE STATION 23 AUGUSTA, MAINE 04303-0023	BOARD MEMBER (STW - OCT., 2014)	WILLIAM H. BEARDSLEY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Per diem less than \$2000 per year.
MAINE SCHOOL OF SCIENCE AND MATHEMATICS BOARD OF DIRECTORS LIMESTONE SQUARE, MAINE 04750	BOARD MEMBER	WILLIAM H. BEARDSLEY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NONE
FRIENDS OF COLLEGE MORIAH BOARD 13 ALFRED ST, HOULTON, ME 04730	BOARD MEMBER	ELIZABETH BEARDSLEY	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent	NONE

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

William H. Beardsley
Signature

April 10, 2016
Date