

AN

STATEMENT OF ECONOMIC INTERESTS

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COUNTY CLERK
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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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GZ

Please type or print in ink.

NAME OF FILER (LAST) BEAUCHESNE (MIDDLE) M. (FIRST) ROGER

1. Office, Agency, or Court

Agency Name: Stanislaus County Superior Court
Your Position: Superior Court Judge
Division, Board, Department, District, if applicable: N/A

If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State (checked)
Multi-County
City of
Judge or Court Commissioner (Statewide Jurisdiction) (checked)
County of Stanislaus (checked)
Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012. (checked)
-or-
The period covered is _____ through December 31, 2012.
Assuming Office: Date assumed _____
Candidate: Election year _____ and office sought, if different than Part 1: _____
Leaving Office: Date Left _____ (Check one)
The period covered is January 1, 2012, through the date of leaving office.
The period covered is _____ through the date of leaving office.

4. Schedule Summary

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached (checked)
None - No reportable interests on any schedule

Total number of pages including this cover page: 2

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge... I certify under penalty of perjury under the laws of the State of California...

Date Signed 02/26/2013 (month, day, year)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
ROGER M. BEAUCHESNE

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Mason Judicial Education Program

ADDRESS (Business Address Acceptable)
3301 Fairfax Drive

CITY AND STATE
Arlington, Virginia 22201

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Judicial Education via University

DATE(S): 04 / 22 / 12 - 04 / 24 / 12 AMT: \$ 1,188.57
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Attended Judicial Education Program - Symposium on Scientific Evidence in the Courts

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
Mason Judicial Education Program

ADDRESS (Business Address Acceptable)
3301 Fairfax Drive

CITY AND STATE
Arlington, Virginia 22201

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Judicial Education via University

DATE(S): 11 / 11 / 12 - 11 / 13 / 12 AMT: \$ 1,104.88
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Attended Judicial Education Program - Symposium on Civil Justice Issues

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____