

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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CG

COVER PAGE REGISTRATION AND ELECTIONS DIV

Please type or print in ink.

NAME OF FILER (LAST) BEAUCHESNE (FIRST) 2015 FEB 26 PM 1:53 (MIDDLE) M. ROGER

1. Office, Agency, or Court

STANISLAUS COUNTY CLERK-RECORDER

Agency Name (Do not use acronyms)

Stanislaus County Superior Court - Superior Court Judge

Division, Board, Department, District, if applicable

N/A

Your Position

N/A

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: N/A

Position: N/A

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2015 MAR -4 PM 2:06

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

State

Multi-County

City of

Judge or Court Commissioner (Statewide Jurisdiction)

County of Stanislaus

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is / / through December 31, 2014.

Assuming Office: Date assumed / /

Leaving Office: Date Left / / (Check one)

The period covered is January 1, 2014, through the date of leaving office.

The period covered is / / through the date of leaving office.

Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

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

-or-

None - No reportable interests on any schedule



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

Date Signed February 23, 2015 (month, day, year)

Name
 ROGER M. BEAUCHESNE

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

- 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)
 George Mason University - Law & Economics Center

ADDRESS (Business Address Acceptable)
 3301 Fairfax Drive, MS1G3

CITY AND STATE
 Arlington, Virginia 22201

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

DATE(S): 09 / 14 / 14 - 09 / 16 / 14 AMT: \$ 1,421.43
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Attended a Judicial Symposium in San Francisco, CA
 on the Economics and Law of Public Pension Reform

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____