COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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)

FEB 15 2012

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 requirements, or how to report specific situations.

	LEGISI	LATOR INFORMATION					
Name Nich: Farnhan Mailing address 11 Farnhan City, zip code Bargar, ME 841101			Office: House Senate District Phone 307-990-2011				
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	TIPO DE AMERICA (ISANO EL ESCELLA CAMBRICA (ISANO EL ESCELLA CAMBRICA (ISANO EL ESCELLA CAMBRICA (ISANO EL ESC	олдом в досто на того на при	DA SENTENDA LI SENTA PER				
Name of Employer	Address		Principal Type of Economic Activity of Employer				
Mane State Sevate	2 Stall Itaure Station		Covernment				
	eritorijonistikosiska iz ornakus i Silipinin for ermonara associa						
PART 2. INCOME DE	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		en gjenempre jouern mort ha man sleann me gen menen am sin in de maner maglem del de semila elle deptendent el tribite	meta spaljakalianaka akainkiin nama-kii akainkiin Nellakiin kii kii kii kii kii kii kii kii kii				
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)				
Name: Address:							
Name: Address:	не до применения в	s y a se commencia e commencia com a commencia de companya de companya de companya de companya de companya de c	000 - 100 -				

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	YMENT		
B. List each source of income derived from self-employment or law practice that represents more \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or p income. If this form of disclosure is prohibited by law, rule, or an established code of professional etheronomic activity of the entity or person from whom the income was derived.	e than 10% of your gross income or 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;	uning mangakan kahalah dan dan pinda panganyan pangang-pang-pang-pang-pang-pang-pang-pa		
Address:			
может по в подательной при	ankatininininininininininininininininininin		
Address:			
PART 3. OTHER SOURCES OF INCOME			
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the		
None ,	Sekterni 18.5 erni 1870 (lisulta iki kummeter 1840) 1865 (kahada kemis 1884) (lisultak ke ke lisultak 1860) (k		
Name and Address of Source	Kind of Income (investments, leases, etc.)		
Name:	review a distinct of the control of		
Address:			
Name:			
Address:	TA CASE TOWNS TOWNS TO THE TANK TO THE TAN		
Name:	American de la comitación de la comitaci		
Address:	Walter of the state of the stat		
DADEA DEDOCTADI ELIADULTICO			
PART 4. REPORTABLE LIABILITIES List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, educational loans, loans from the companies of			
regulated financial institutions. If none, check the box. None	kastalahalahalahalahala da da dalaman kahanan da menundisa kumunian dasa binah kidas 1812 mili berasista demata besar		
	Principal Type of Economic		
Name and Address of Creditor	Activity of Creditor		
Name: Address:			
Address:	ana		
Name:			
Address:			
PART 5. GIFTS, INCLUDING TRAVEL AND ACCOMMODATION	ONS		
List the specific source of gifts received during the reporting period with an aggregate value of more that	n \$300. If none, check the box.		
None			
Name of Source of Gift Name of Source of Gift 3. D. C. C. A. C.			
1. Cog3/Ochre Bus Tour-Jan.2011 3. Reforming States 2. Logslaine bes Tour-July 2011 (Potento) 4.	Group Contengue - 2011		
- Legislaine bes rour- July 2011 Bocuse)			

PA	ART 6. HONORARIA				
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.				
None		THE COLUMN TO THE COLUMN TO THE COLUMN THE C			
Name of Source of Honoraria	Name of S	Source of Honoraria			
1.	3.				
2.	4.				
PART 7. REPRESEN	NTATION BEFORE STATE AGENCIE	s Park Harris			
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	opport and SSP 4 th SSP - when we are statistical to the statistical state of the s	Tallovi i Santa anna anna na gamanna (cura a na magana) may a pagaini a santa (santa da la da la da la da la da Tallovi i Santa anna anna na gamanna (cura a na magana) may a pagaini a santa (santa da la da la da la da la d			
Name of Agency	Nam	ne of Agency			
1.	3.				
2.	4				
	NESS WITH STATE AGENCIES				
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	ber of your immediate family sold goods a family member sold the goods or service	or services with a value in excess of es. If none, check the box.			
None		er van en			
Name of Agency	Nam sementara semente de comente de construir de la comente de construir de constru	e of Agency			
1.	3.	3.			
2.	4.	4.			
PART 9. INCOME RECEIV	ED BY MEMBERS OF IMMEDIATE F	AMILY			
List the type of economic activity representing each source 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.	d 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: Dovey Furnham	1m.litary	1. <u>Pimpbyment</u> 2. <u>revierl</u>			
Job Title: Operations Group Commander	3. Small business	3. <u>dividend</u>			
Dependent Child(ren) - Job Titles Only					
Job Title:	and the second s				
Job Title:	a digita di deservo con con con con con con con con con co	The contract of the contract o			
Job Title:					

None				······································	TO AND THE STREET, AND THE STR	
Organization/Business and Address School Committee - Bayor Eastern warn thattheae System-Benn Bargor Nursy, and lihab. United Way Of Eastern maire		Title Bocust norman Boast prember Board munter Board menter	Position Held By: Scl F Sel F Sel F Sel F Sel F	Family Member's Name	Compensated?	
						Bargon U Goleheu
The control of the co						
		SIGNATURE				
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Siç	gnature		Date			
	ADDIT	TIONAL INFORMATI	ION			
, ,	y additional information below (and o u are providing. Use additional page		if needed). Indi	cate the part or se	ection number for	
Part/Section Number						
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		and the second s				
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PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.