COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
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JAN 3 2013

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

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

Name R. Ryan Harman	Office ☒ House ☐ Senate
Mailing Address 2241 North Palermo Rd	District Number 45
City/Town, State, Zip Palermo Me 04354	E-mail Address repryanharman@gmail.com

FILING DEADLINES

CURRENT LEGISLATORS: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

LEGISLATORS LEAVING OFFICE: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

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.
- 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.**
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

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
Maine State Legislature	3 State House Augusta Me	State Government	State Representative

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. Revenue of Business Entities

☐ None. Check this box if you and your immediate family did not have a majority share in a 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	Type of Income

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
Holly Harmon, Exec Dir/Administrator	Lincoln County Healthcare Cove's Edge 26 Schooner St Damariscotta, ME 04543	Healthcare
Holly Harman, Director of Nursing	State of Maine - Riverview Psychiatric Center Arsenal St. Augusta ME 04330	Healthcare
Holly Harman Selectman	Town of Palermo North Palermo Rd Palermo ME 04354	Town Government

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

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 received honoraria.	
Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

Part 10. Positions in Political Action or Ballot Question Committees	
☐ None. Check this box if you were not a treasurer, officer, decision-maker, or fundraiser of a PAC or BQC.	
Name of Committee	Title
1. Harman for Maine	Principal officer - President
2.	

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 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
Palermo Youth Activities Palermo, ME 04354	Board Member	R. Ryan Harman	☒ Self ☐ Spouse ☐ Dependent	NO
Palermo Youth Activities Palermo, ME 04354	Board Member	Holly Harman	☐ Self ☒ Spouse ☐ Dependent	NO
			☐ Self ☐ Spouse ☐ Dependent	

SIGNATURE

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

Signature

12/31/12
Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))