



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME FOR EXECUTIVE EMPLOYEES

2016 Calendar Year: January 1, 2016 - December 31, 2016

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

Table with 2 columns: Name, Job Title, Department, Phone (work), Mailing Address (work), E-mail Address (work). Row 1: Douglas A Farnham, Adjutant General and Commissioner, DVEM, 430-5158, DVEM, Military Bureau, Camp Keyes, 33 State House Station, Augusta, ME 04333, douglas.a.farnham.mil@mail.mil

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.
If April 15 falls on a weekend or holiday, this statement is due on the next business day.

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 |
|------------------|-----------------------------|---|------------------|
| National Guard | 33 State House Stn, Augusta | Military | Adjutant General |
| State of Maine | 33 State House Stn, Augusta | State Government | 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 |
|--|------------------------------------|---|
| Self/Ice Holdings | 11 Fairmount Park West, Bangor, ME | Real Estate Rentals |
| | | |
| Name of Client or Customer, if required (see instructions) | Address | Principal Type of Economic or Business Activity of Client |
| Getchell Bros. Inc | 1 Union St., Brewer, ME | Packaged Ice |
| Mountainside Real Estate | Carrabassett Valley, ME | Sugarloaf Condo Rentals |

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 |
|--------------------|------------------------------------|---|
| Getchell Bros. Inc | 1 Union St., Brewer, ME | Packaged Ice Manufacturing/Distribution |
| Ice Holdings, LLC | 11 Fairmount Park West, Bangor, ME | Real Estate |

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 |
|--------------------------|---------|------------------------------|--------------------------------|---|
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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 |
|---|--|--|
| Office of Personnel Management, US Federal Government | U.S. Office of Personnel Management WASHINGTON DC | Federal Military Technician Retirement Pay |
| | | |
| | | |

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 |
|---|--------------------------------|---|
| dependent/laborer | Getchell Bros. Inc, Brewer, ME | Packaged Ice |
| | | |
| | | |

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 |
|--|--------------------------------------|---|
| Nichi Farnham | State of Maine, Augusta, ME | per diem/mileage State Board of Education and Charter School Commission |
| | | |
| | | |

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 receive 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 |
|----------------------------|-----------------------------------|--------|
| State Republican Committee | Nichi Farnham | Member |
| 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 |
|----------------|---|
| | |
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| | |

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 Executive Employee | Compensated Yes/No |
|---|--------------|-------------------------|---|--------------------|
| Bangor YMCA Foundation, Bangor, ME | President | Doug Farnham | <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | No |
| Eastern Maine Healthcare System, Brewer, ME | Board Member | Nichi Farnham | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent | No |
| Bangor Public Library, Bangor, ME | Board Member | Nichi Farnham | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent | No |

SIGNATURE

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

FARNHAM.DOUGL
AS.A.1006816165

Digitally signed by
FARNHAM.DOUGLAS.A.1006816165
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI,
ou=USAF, cn=FARNHAM.DOUGLAS.A.1006816165
Date: 2017.04.02 15:12:28 -04'00'

2 April 2017

Signature

Date

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

ADDITIONAL INFORMATION

Please provide any additional information in the space below. Indicate the part number for the information you are providing. Use additional pages if necessary.

| Part Number | |
|-------------|---|
| 13 | Getchell Bros. Inc., Brewer, ME President, Doug Farnham, No pay/rental income |
| 13 | Ice Holdings, LLC Brewer, ME President, Doug Farnham, No pay/rental income |
| 13 | Bangor Rehab and Nursing, Bangor, ME Board Member, Nichi Farnham, No comp |
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