

FINANCIAL DISCLOSURE STATEMENT  
FOR PUBLIC OFFICERS

**INSTRUCTIONS:**

Public Officers must complete this form in full. Public employees who hold positions in the Executive Branch of State Government are not required to complete this form, but must complete and file form FDS06/1.

The completed form must be forwarded to the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082. (Hand delivery address: 28 West State Street, Room 1407, Trenton, NJ 08608) The form must contain an original signature and an original notarization unless electronically filed.

Questions should be directed to the Director of the State Ethics Commission, PO Box 082, Trenton, NJ 08625-0082, Telephone (609) 292-1892.

**a. General Information**      Date of Statement: 5/16/062      Filing Year: **2006**

First Name: Donald      M.I. J

Last Name: Farish

Business Mailing Address			
Street Address:	<u>201 Mullica Hill Road</u>		
P.O. Box:	_____		
City:	<u>Glassboro</u>	State:	<u>NJ</u>
		Zip Code:	<u>08028</u>

Email Address (optional): farish@rowan.edu

Position: President      Daytime Telephone Number: 856-256-4100

Department or Agency: **Presidents of the State Colleges and Universities**

Other compensated or uncompensated governmental positions you hold:

none

\_\_\_\_\_

\_\_\_\_\_

**b.** Please list below any occupation, trade, business, profession or employment presently engaged in by you, your spouse, your domestic partner, or your dependent children.

none

\_\_\_\_\_

\_\_\_\_\_

Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation (e.g., law, real estate, engineering, medicine, plumbing)?

If yes, please so indicate:

License	License is active	License is inactive
Missouri Bar Association		x

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Do you have any personal contractual or business relationship with another officer or employee or special State officer or employee of your agency? If yes, please explain.

YES  NO

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**c. State Employment - Relatives**

For the purposes of this question, "relative" means your spouse or your or your spouse's parent, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, son-in-law, daughter-in-law, stepparent, stepchild, stepbrother, stepsister, half brother or half sister, whether the relative is related to you or your spouse by blood, marriage or adoption.

1. Is any relative employed in an office or position in the unclassified service of the civil service of the State?

YES  NO

2. If yes, name of relative(s) and employing agency.

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3. Do you exercise authority, supervision or control (including personnel actions) over the individual(s) named above?

YES  NO

**d. Training**

1. Have you completed ethics training?

YES  NO

2. If yes, indicate nature of training.  in-person  on-line

3. If in-person, training provided by  agency  State Ethics Commission

4. Date training completed. \_\_\_\_\_

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**e. Assets:** List all assets, both tangible and intangible, in which you, your spouse, your domestic partner or your dependent children hold an interest as of the date of this statement.

Identify assets with check mark. Do not indicate dollar value. Please fill in each line; indicate not applicable with "N/A" or "None."

ASSETS (Valued at more than \$1,000)	Public Officer:	Spouse / Domestic Partner :	Dependent Children:
CASH ON HAND IN BANK	B	A	
NOTES RECEIVABLE- Indicate Nature of Note on Item h.5 on page 4.			
ACCOUNTS RECEIVABLE - Indicate Nature of Accounts on Item h.5 on page 4.			
GOVERNMENT BONDS Itemize on Schedule A			
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A	F		
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B			

ASSETS (Valued at more than \$1,000)	Public Officer:	Spouse / Domestic Partner:	Dependent Children:
REAL ESTATE INTERESTS- Itemize on Schedule C	F		
ACCUMULATED CASH VALUE OF LIFE INSURANCE			
TOTAL VALUE OF PENSION FUND (include IRA, Keogh, Annuities, State Pension etc.)	F	B	
VEHICLES	B	B	
OTHER ASSETS (Itemize Below)			

f. Are you, your spouse, your domestic partner or your dependent children a party to a blind trust agreement? If yes, please provide the name and address of the Trustee. YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

g. Do you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity? YES  NO

If yes, itemize on Schedule D.

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**h. Income:** Public officers, their spouses or their domestic partners, and dependent children must indicate the source of their incomes. Public officers filing before July 1 of any year must provide this information for the preceding calendar year. Public officers filing after July 1 of any year must provide this information for the 12-month period prior to filing. Income from any source totaling less than \$1,000 need not be disclosed. The following gifts need not be reported: (1) cash gifts of less than \$100 in the aggregate received from a person, (2) non-cash gifts with fair market value of less than \$200 in the aggregate received from a person, and (3) gifts of less than \$3,000 in the aggregate received from a relative. Please fill in each line; indicate not applicable with "N/A" or "None."

Indicate sources of income with a check mark. Do not indicate dollar value.

	Public Officer:	Spouse / Domestic Partner :	Dependent Children:
1. All compensated employment of whatever nature, including current State or other employment. Please list commencement and, if applicable, termination date. Be sure to include the name of the employer(s). Rowan University - 1998-	F		
2. All directorships and other fiduciary positions for which compensation has or will be received: South Jersey Rehabilitation Hospital Board - 2003-	A		
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments :			
4. All capital gains: (Itemize on Schedule E) TIAA/CREF Mutual Funds	A		
5. All honoraria, lecture fees, gifts and other gratuities (cash or non-cash) and other miscellaneous sources of income, including but not limited to Social Security and pensions, interest, dividends, royalties, rents and accounts and notes receivables :			
Pension from the California State University	B		

**i.** List any offices, trusteeships, directorships or positions of any nature, whether compensated or uncompensated, held by you, your spouse, your domestic partner or dependent children, with any firm, corporation, association, partnership or business. If such firm, corporation, association, partnership or business does business with a casino or does business with the State, or is regulated, licensed or inspected by any State agency, please identify the State agency or casino.

Position Held	Firm, Corporation, Association, Partnership or Business	State Agency	Casino	Indicate whether held by public officer, spouse, domestic partner, or dependent children.

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**j. Liabilities:** List all of your liabilities and those of your spouse, your domestic partner or your dependent children and identify the creditor. List value class of liabilities of public officer and spouse or domestic partner only. Include all liabilities that have been forgiven by any creditor within the last twelve months, stating the name of the creditor to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, past due taxes, mortgages or liens, and loans on life insurance.

The following liabilities need not be reported: less than \$10,000 owed to a relative; less than \$1,000 owed to any other person; loans secured by a personal motor vehicle, household furniture or appliances where the loan did not exceed the purchase price of the item and the outstanding balance did not exceed \$10,000 as of the close of the preceding calendar year; and revolving charge accounts where the outstanding liability did not exceed \$10,000 as of the close of the preceding calendar year. Indicate not applicable with "N/A" or "None."

Description (Type of obligation and nature of security, if any)	Creditor	Value Class	Check if Forgiven in Past 12 Months	Obligation of : (check)		
				Public Officer	Spouse / Domestic Partner	Dependent Children
mortgage on Florida townhouse	Commerce Bank	F		X		

**VALUE CLASS**

- A = greater than \$1,000 but not more than \$5,000
- B = greater than \$5,000 but not more than \$25,000
- C = greater than \$25,000 but not more than \$50,000
- D = greater than \$50,000 but not more than \$100,000
- E = greater than \$100,000 but not more than \$250,000
- F = greater than \$250,000 but not more than \$500,000
- G = greater than \$500,000

**FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC OFFICERS**

**SCHEDULE A - STOCKS AND BONDS HELD**

List the type of securities owned by you, your spouse, your domestic partner or your dependent children; list the name of the company, mutual fund, holding company or government agency issuing the stocks and bonds. If your ownership interest exists through a mutual fund or holding company, you need not list the individual stocks so owned; you must, however, list the mutual fund or holding company. If your ownership interest exists through a beneficial interest in a trust, list the stocks and bonds so owned if you have such knowledge; otherwise list the name of the trustee. Do not indicate dollar value.

Indicate not applicable with "N/A" or "None."

Type of Security (Stock or Bond)	Name of Issuing Company, Mutual Fund, Holding Company or Government Agency	Held by: (check)			Percentage Ownership*
		Public Officer	Spouse / Domestic Partner	Dependent Children	
Mutual Fund	TIAA/CREF	F			

\*Individuals who own more than 10% of the total stock of any company must disclose the percentage of ownership.



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**SCHEDULE C- REAL ESTATE INTERESTS**

1. List all of your real estate holdings and those of your spouse or domestic partner and dependent children. New Jersey real estate holdings must include the county, size, and current use of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or domestic partner or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein. Indicate not applicable with "N/A" or "None."

County	Size	Individuals or Entities Sharing Interest	Current Use*	Acquisition Date	Held by: (check)		
					Public Officer	Spouse / Domestic Partner	Dependent Children
Palm Beach, FL	townhouse	self	vacation home	July/04	x		

\* Specify if commercial, industrial, residential, rental, farm or vacant.

2. Do any of the individuals who are listed above as sharing a real estate interest with the public officer, spouse, domestic partner or dependent children of the public officer work for the same State agency as the public officer? If so, identify the individuals.

YES  NO

Name: \_\_\_\_\_

3. List the name of any government instrumentality that is a tenant in 1. above and any government instrumentality that has before it an application, complaint or proceeding directly affecting any real property listed above.

County	Government Instrumentality Tenant	Government Instrumentality with Proceeding Pending
none		



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**SCHEDULE D - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES/PURCHASES, SALES CONTRACTS OR AGREEMENTS WITH GOVERNMENT INSTRUMENTALITIES**

If you, your spouse or your domestic partner have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity, please provide the requested information for each business entity. "Interest" means **ANY** ownership or control of **ANY** profits or assets of such business entity. Indicate not applicable with "N/A" or "None."

Interest held by:  Public Officer  Spouse  Domestic Partner

BUSINESS NAME: none

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

*(Use a separate sheet to list additional business entities.)*

General description of business activity of entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duties and responsibilities of State position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

General description of business activity of entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

General description of business activity of entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Are you filing electronically?**    Yes     No

**ATTESTATION**

I hereby certify that I have read the foregoing statement and any addendum pages attached thereto and to the best of my knowledge and belief, they are true, correct and complete and that I have not and will not transfer any asset, interest or property for the purpose of concealing it from disclosure while retaining an equitable interest therein.

**Enter your full name:**

Donald James Farish

**This Financial Disclosure Statement was prepared by (check one):**

- Public Officer
  - Spouse
  - Domestic Partner
  - Other (Please identify)
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