

JAN 17 2012

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)

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.

	LEGISLATOR INFORMATION	
Name) Haren D. Faster Mailing address 659 Checrch Hill	Office: ☑ House ☐ Senate District 万分	
City, zip code	Kt.	Jen Phone
Hugusta, "le 0	4000	207 622-2930
PART 1. INCOM	E DERIVED FROM EMPLOYMENT E	BY ANOTHER
List the name and address of each private or publ whom you received compensation of \$1,000 or more		
X None	22,999,999,055 (1875); (1875)	
Name of Employer	Address	Principal Type of Economic Activity of Employer
	www.www.www.ww.ww.ww.ww.ww.ww.ww.ww.ww.	
PART 2. INCOME DER	IVED FROM SELF-EMPLOYMENT C	OR LAW PRACTICE
A. List the name and address of your business or derived income. If associated with a partnership, fi activity or practice of that entity.	law firm, if any, and list the major areas orm, professional association, or similar bu	of economic activity or practice from which you usiness entity, list the major areas of economic
None		
Name and Address of Business Entity or Law I	Firm Major Areas of Economic A Law Practice (self)	Major Areas of Economic Activity/ ctivity/ Law Practice (partnership, association, firm or similar business entity)
Name: Address:		
Name: Address:		

PART 2 (continued). IN	COME DERIVED FROM SELF-EM	IPLOYMENT
B. List each source of income derived from self-emplo \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, rul economic activity of the entity or person from whom the in	type of economic activity of the entit e, or an established code of professio	y or person 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:		
Address:		
Name: Address:		
PART 3. C	THER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in box		le gifts or honoraria. If none, check the
None		Kind of Income
Name and Address of	Source	(investments, leases, etc.)
Name:		**************************************
Address:		
Name:		Commence
Address:		
мате:	THE CONTRACTOR OF THE CONTRACTOR	
Address:		
PART 4	REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$ areas of economic activity of each creditor. Do not list cre regulated financial institutions. If none, check the box.		
None	80 4 PP 4 4 5 C 5 6 7 C	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	аттыннын-ттой кабаган (атабаган) инкосмейтнакта алына анын ата атыш ашынын косын нашко косын нашко косын алын -	entitionamente en general anne en propose en entre de traverse de seu de la company de
Address:		
PART 5. GIFTS, INCLU	IDING TRAVEL AND ACCOMMO	DATIONS
List the specific source of gifts received during the reporting	g period with an aggregate value of mo	ore than \$300. If none, check the box.
None	333 St. Prick of 11,000 St. Prick of 10,000 St	
Name of Source of Gift	tikan kanang menggang panggang panggang mang panggang panggang panggang panggang panggang panggang panggang pa	me of Source of Gift the state of the state
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2.	4.	

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None	willians of the state of the st	STREETING CRITICAN FOR STREETING FOR STREETING AN ARMINING AN ARMINING ARMINING ALS PERSONAL FOR STREETING		
Name of Source of Honoraria		Name of	Source of Honoraria	
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PART 7. REPRESEN	TATION	BEFORE STATE AGENCI	ES.	
ist each executive branch agency before which you repressors.	ented or a	ssisted others for compensat	tion of any amount. If none, check the	
None	(24.44 extensions who constitute $P_{\rm eff}$ = defined to a consideracy	homewhiteyman very profession for the liberalization in the short is construct that become in by a very con-	r garaga kangan gagan gagan gangan kangan kangang kangan kangan kangan kangan kangan kangan kangan kangan kang	
Name of Agency		Na :	me of Agency	
f.		3.		
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1,000 during the reporting period. Indicate whether you or a None Name of Agency	a family me	ORGER DE STEELE VERSIE	ces. If none, check the box.	
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	er 114 a esta 2011 a como a secundo e como esta esta esta en e			
PART 9. INCOME RECEIVE List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	of income	of \$1,000 or more received e represented. If your spous	by your spouse or domestic partner of the or domestic partner received income	
Name of Spouse or Domestic Partner and Job Title		ype of Economic Activity resenting Source of Income Received	Kind of Income	
lame: <u>Thomas E. Foster</u> ob Title: <u>Indep. Agent.</u> Insurance	1 2 3	lgest.	2	
Dependent Child(ren) - Job Titles Only	a administrativa se			
ob Title:	and framework to the control of the	STEEN NAMED IN THE PROPERTY OF		
ob Title:		issense statistische George (Leisense von Australian von Statistische Statistische Statistische Statistische S		

held any office, I	t or nonprofit corporation, fire trusteeship, directorship, or p compensated. If a family m	position of any natu	re. Indicate whel	ther you or a family i	member held the po:	sition and whether
None	AMERICAN PROPERTY IN THE SECOND ASSESSMENT OF THE SECOND PROPERTY IN	1990 SACTICE OF LABOUR AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT ACCOUNT	COCCUPEDATO CERPOLIZZA (INPECTAR A SERVICIA PARA PARA PARA PARA PARA PARA PARA PA	AND THE STATE OF STATE OF STATE STAT	ramon while are a church a son, many promone projects program to estimate the community of	H EZDEZBAN NIZION EZDANAMISEK EZDEZBANZ NIZIONER EZISLEPHON I AD-1664 MALLAMAGA, A
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Please provide the information	any additional information you are providing. Use a	n below (and on a additional pages, i	additional sheet if necessary.	ts if needed). Indi	cate the part or se	ction number fo
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PART 10. OFFICER OR DIRECTOR POSITIONS