2011 Calendar Year





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 Clerk of the House or Secretary of the Senate 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.

LE	GISLATOR INFORMATION		
Name Lance Harr Mailing address 398 Knowlton C City, zip code Far Mingh	Er. RI	Office:  Diffice:  Senate  District  Fhone  491-8971	
PART 1. INCOME DE	ERIVED FROM EMPLOYMENT BY ANG	OTHER	
List the name and address of each private or public en whom you received compensation of \$1,000 or more. S	nployer, including the Legislature and any a pecify the principal type of economic activity	gency or subdivision of the State, from of each employer.	
None	MERCHANICA PARAMETER PROGRAMMENT CONTRACTOR		
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Verso Paper	marrow Me in the second	Make aplacement	
PART 2. INCOME DERIVED	FROM SELF-EMPLOYMENT OR LAW	V PRACTICE	
A. List the name and address of your business or law fi derived income. If associated with a partnership, firm, p activity or practice of that entity.	rm, if any, and list the major areas of econo rofessional association, or similar business of	mic activity or practice from which you entity, list the major areas of economic	
None		SET-ALL SUMMAN AND ALL SECURITY SECTION OF A SHARK AND AN AND AND AND AND AND AND AND AND	
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: Lave Harrell Address: 5 me	sold a little Firewood.		
Name: Address:			

PART 2 (continued). INCOME [	DERIVED FROM SELF	-EMPLOYMENT
B. List each source of income derived from self-employment of \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the e established code of profe	entity or person from whom you derived such
Name and Address of Source	388500F481814149999999811205040-0-449050505-0-1775050000000000000000000000000	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: N/A-Address:		
Name: Address:	athering distributions of the second	
PART 3. OTHER	SOURCES OF INCOM	E
List each source of income of \$1,000 or more not listed in Parts 1 obox.	or 2 of this form. Do not in	nclude gifts or honoraria. If none, check the
None	маший ээрэгээ дэх хэр цорч нэр нэр нэр нэр нэр нэр нэр нэр нэг нэр бүс химий хан хэр хэр хэр хэр хэр хэр хэр х Эхэг хэр	
Name and Address of Source	- eddd Wyddifferdd Myllife tur o blanef en Ywlled fer ll folidiolog geneuwd 4 wildynwr yn gegen fwy gagar yn gagar yn gannan annonau ar yn gall yn yn gann ar yn gann yn gann yn gann ar	Kind of Income (investments, leases, etc.)
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Address:		
Name	TSTEMENT NOTICE THE TRANSPORT OF A METHOD OF THE PROPERTY OF T	
Name: Address:		
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Name: Address:		
Address:		
PART 4. REPO	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card regulated financial institutions. If none, check the box.	r more that you received liabilities, educational loar	during the reporting period, and list the majorns, loans from a relative, or business loans from
None	edattisk tital tradestal en ommer viderat viderat viderat viderat til de en menganen dan med kritikalisk fri betydel det en tital en det en tital en de tradestal en tital en	Principal Type of Economic
Name and Address of Creditor		Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. GIFTS, INCLUDING	TRAVEL AND ACCOM	IMODATIONS
List the specific source of gifts received during the reporting period	with an aggregate value	of more than \$300. If none, check the box.
None	144de) hochald Ad-SaleSaleSaleSale (1450) 1450 1450 1450 1450 1450 1450 1450 1450	**************************************
Name of Source of Gift	3.	Name of Source of Gift
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PAI	RT 6. HONORARIA		
List the source of any honoraria accepted for appearances o	r speeches. If none, check the box.		
Q None		######################################	
Name of Source of Honoraria	Name of S	ource of Honoraria	
1.	3.		
2.	4.		
PART 7. REPRESEN	TATION BEFORE STATE AGENCIE	:S	
List each executive branch agency before which you repres box.	ented or assisted others for compensation	on of any amount. If none, check the	
None		AN ARTHUR AND STORM AND STORM AND THE AND THE AND THE ARTHUR AND T	
Name of Agency	Nam	magaanamarreyan a qooqaanamaaqaana maaaagaan aaqaa a baqaa maaa a lahaa a babaa lahaa laha laha laha	
<b>1.</b>	3.		
2.	4.		
PART 8. BUSIN	NESS WITH STATE AGENCIES		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	per 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		No anno 1940 ann an 1940 (Anno an 1940 (Anno an 1940) ann an Anna an Anna an Anna an Anna an Anna an Anna an An	
Name of Agency	Name of Agency		
1.	3.		
2.	4.		
PART 9. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATE I	AMILY	
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.	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: Bornadette Houvell	1. <u>SAN</u> 58	1. Salary	
Job Title: <u>Speech Therapist</u>	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title: Joshua Harry V	Co-opt for		
Job Title:		www.communication.html	
lah Titla:			

None  Total and the first of the second and the sec	rganization/Business					
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PART 10. OFFICER OR DIRECTOR POSITIONS