Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

. LI	EGISLATOR INFORMATION	
Name Lance E. Ha	irvell	Member of: □ Senate
Mailing address 398 Knowlton C	-c. RJ,	District 89
City, zip code Farmington Ma	ine 04938	Phone 307 778 - 3981
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer principal type of economic activity of each emplo	from whom you received compensation coyer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
Verso Paper Co	Jar maine	Paper Mill
CONTROL CONTRO	чековколоровобы боложная, на немуна неверноство основосного основным наменам немунация со боложностью до основностью до основ	enticonomiconocomico de la
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	ME DERIVED FROM SELF-EMPLOYMEN egislators who are self-employed.)	Í
A. List the name and address of your busine derived income. If associated with a partnersh areas of economic activity of that entity.	ess, if any, and list the major areas of ec	onomic activity from which you ar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Lance Harvell Address: Same as Abare	Firewood Sales	etitamit teraturi teta eli mandron communicativa materia l'instrumentand della competitazione della communicativa
Name:	1	

PART 2 (continued), INCOME (For Legislaton	DERIVED I	ROM SELF-E	MPLOYMEN		
B. List each source of income derived from self-employment the is greater, and specify the principal type of economic activity of disclosure is prohibited by law, rule, or an established code of the entity or person from whom the income was derived.	at represents	more than 10%	om you derived nly the principa	such income. If this type of economic a	s form of activity of
Name and Address of Source	e		Activ	incipal Type of Ecor rity of Entity or Pers the Source of the In	on Who
Name:					lan a lin namia en heranamenan memura
Address:	NORTH STEEL AND STEEL	Přímini Příž 20.000.000.000 A Mallado Ostalomo a do poloc dopislo nej deline	į		
Name:			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Address:			ži Series de la companya		
PART 3. MAJOI (For Legislators w		A contract of the contract of		And the second s	
List your major areas of practice. If associated with a law firm,	list the major	and the second s	STORT CASTER STREET STREET STREET		
Name and Address of Firm			s of Practice elf)	Major Areas of F (firm)	Practice
Name:		16 Sec 14 Sec 24 × 0 - 5	2 1		individus and proper models by memoring a function of the first of the
Address:	Elifoldo A. weguwe en en manage en proprieto controlococciono.		ACONTO PARA ANTINO PROFESSOR DE P		
Name: Address:	• ·	WARRING AND			
PART 4. OTHER		AND			
List each source of income of \$1,000 or more not listed in Parts	1, 2, or 3 of t	this form. Do no	t include gifts.	If none, check the b	OX.
☐ None Name and Address of Source			(jr	Kind of Income vestments, leases,	etc.)
Name: Address:	* · · · · · · · · · · · · · · · · · · ·	Y 1	2 2000shalashadigan ili ili mentul	· · · · · · · · · · · · · · · · · · ·	10 1 :
Name: Address:			His a list a connected the		
PART 5. REPO List the names of creditors for any <u>unsecured</u> loans of \$3,000 c areas of economic activity of each creditor. Do not list loans from	or more that	vou received du	ring the reportir	ng period, and list th	ne major
None	en militario manta del manta d			**************************************	***************************************
Name and Address of Credito	Г		Pri	ncipal Type of Econ Activity of Creditor	
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Address:	PORTOCO MANGEMAN AND AND AND AND AND AND AND AND AND A	**************************************	**************************************	TO A STATE AND A STATE OF THE S	**************************************
Name: Address:					
PART 6. RE	BODTABLI				
List the specific source of each gift of more than \$300. Include onone, check the box			of more than \$3	300 from a single so	ource. If
☐ None		90/48/6/4		M. Annual (gr. 10 agr.	tillitation of the state of the
Name of Source of Gift 1.	3.	Comment of the second contraction of the sec	ame of Source	of Gift	
2.	4.	00423mbeeveweereegverreeregreeregreerecrys#160760000000000000000000000000000000000	de de miser conserve en empresa para consessa de consessa de consessa de la mese de la mese de la mese de la m		ikilaan katha Zir, kalaa kiin aan na anna mee

PART 7. REPORTABLE HONORARIA								
List the source of any honorari	a accepted for appea	arances or speeches re	lated to	our off	icial duties. If none,	check the box.		
None	nganantitatu yang mataha kang salah sa	manifesti salah di da 1900 di perumpunan kenantan berahan pengan salah salah salah salah salah salah salah sal	Calago populario de Alamento e Propo					
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	PART 8. REPI	RESENTATION BEF	ORE ST	ATE #	GENCIES			
List each executive branch ag the box.	ency before which y	ou represented or assi	sted other	ers for	compensation of an	y amount. If none, check		
☐ None		A CONTRACTOR OF	VALEUR	***************************************	The second of the second secon			
Name	of Agency				Name of Agenc			
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	PART 9.	BUSINESS WITH S	TATE A	GENC	IES			
List each executive branch age \$1,000 during the reporting per	ency to which you or riod. If none, check t	a member of your imm	ediate fa	mily so	ld goods or services	with a value in excess of		
None	ner ett ett er trift ett tette ett ett ett ett ett ett ett	eraktori i z zutez 2005. Bili di distribi konondere provenera elektrone este zuzen bezetak Antalak Antalak Ant	······································	No. of the second section of the sec	-P-BBDDMBBDCCMBBDCCCASBBBDCCASBBBDCCABBBBDCCABBBDCCABBBDCCABBBDCCABBBDCCABBBDCCABBBDCCABBBDCCABBBDCCABBBDCCABBB	HYTTERION / THE		
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PA	RT10 INCOMER	ECEIVED BY MEMB	ERS Ó	= IMM	EDIATE FAMILY			
List the type of economic activ (ren) during the reporting perio "D" for income received by dep	rity representing eac	h source of income of	\$1,000 c	r more	received by your si	pouse or dependent child ne received by spouse or		
Type of Economic Activity R	epresenting Source	of Income Received	appro	cle priate ter	Kinc	l of Income		
1. Speech T	Therapist	(wife)	S	D	Salasy 5AD	From 58		
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4.	**************************************	**************************************	S	D	processor and a contract of the second se			
	,	SIGNATURE						
A Legislator who willfully fails (1 M.R.S.A. § 1017-A)	to file a required	statement is subject t	o a fine	of \$10) per business day	until the report is filed.		
The intentional filing of a false willfully filed a false statement,	statement is a Cla it shall refer its find	ass E crime. If the Co lings of fact to the Atto	mmission	on con- neral.	cludes that it appe	ars that a Legislator has		
If the Commission determines the Legislator shall be presur question in committed or in e (1 M.R.S.A. § 1019)	med to have a con either branch of the	flict of interest on eve	erv aue:	stion a tempt	nd shall be preclu to influence the ou	ded from voting on any		
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Signature

NAME:	DATE:												
ADDRESS:													
ADDITIONAL INFORMATION													
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if	needed).	Indicate	the	part or	section	number	for the
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