



GOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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MAR 04 2011

Maine Ethios Commission

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

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 18, 2011. 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 John A Bolton Lesse Mailing address 316 Frost Street City, zip code Linioln lesster	D	Office: Phouse Senate District / 12 Phone 799-3040				
PART 1. INCOME DERIV	VED FROM EMPLOYMENT BY AN	OTHER				
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000	or more. Specify the principal type of				
None						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
	and the desired control of the second section of the second secon					
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PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR LAW	V PRACTICE				
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profes activity or practice of that entity.	f any, and list the major areas of econorsisional association, or similar business e	mic activity or practice from which you entity, list the major areas of economic				
None						
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:						
Address:						
Name:	·					
Address:						

PART 2 (continued). II	NCOME DERIVED FROM	M SELF-EMPLOYMENT	
B. List each source of income derived from self-empl \$1,000, whichever is greater, and specify the principal income. If this form of disclosure is prohibited by law, reconomic activity of the entity or person from whom the	at type of economic activity rule, or an established code	of the entity or necessar forms who	
Name and Address of	of Source	Activity of E	Type of Economic ntity or Person Who is ree of the Income
Name:		The state of the s	ner Markett (Alle Production and Pro
Address: NONE			
Name:			and the state of t
Address:			
PART 3.	OTHER SOURCES OF I	NCOME	
List each source of income of \$1,000 or more not listed in box.	Parts 1 or 2 of this form. E	o not include gifts or honoraria. I	f none, check the
None	eric and the second	data are a proposition of the state of the s	and a real state of the state of
Name and Address of	f Source	Kind	I of Income
10000000000000000000000000000000000000	APTIMENTATION IN THE CONTRACT AND	(investme	nts, leases, etc.)
Name:			
Address:		:	
Name:		A CONTRACTOR OF THE CONTRACTOR	
Address:			
Name:		THE CONTRACTOR STATE OF THE CO	THE THE TOTAL AND
Address:		•	
		4	
PART 4.	REPORTABLE LIABILI	TIES	
List the names of creditors for any <u>unsecured</u> loans of \$3 areas of economic activity of each creditor. Do not list credited financial institutions. If none, check the box.	3,000 or more that you rec dit card liabilities, education	eived during the reporting period al loans, loans from a relative, or t	, and list the major ousiness loans from
None	APPRIORITY MATERIAL STATE AND APPRIORITY OF THE STATE OF	namentur (1880). Bit water direktors turns direkt dan bit den bit der jede dilakti tutak bit arra (minin) en gros stad like turn de grossen direktors en de grossen de grossen direktors en de grossen de	
Name and Address of C	Preditor	Principal Ty Activity	pe of Economic of Creditor
Name:		and the second of the second o	· · · · · · · · · · · · · · · · · · ·
Address:			
Name:			ACCAMANDA A A A A A A A A A A A A A A A A A A
Address:			1
DADTE	PEDODTADI E OUT		
ist the specific source of gifts received during the reporting	5. REPORTABLE GIFTS		
None	Pondo with all aggregate vi	aue of more man \$300. If none, o	neck the box.
Name of Source of Gift	agracio (g) (Al Car. A africa con activi a consepti di della conseptiona con conseptica con activi a conseptica con con conseptica con conseptica con conseptica con conseptica con con conseptica con co	N. C.	MARKET STATE OF THE STATE OF TH
	$egin{array}{cccccccccccccccccccccccccccccccccccc$	Name of Source of Gift	randa degas (per 1864). La companiera e persona anticipa (persona persona pers
	4.	NORTH CONTRACTOR OF THE STATE O	
	₹,		,

PART	T 6. REPORTABLE HONORARIA
List the source of any honoraria accepted for appearar	ances or speeches. If none, check the box.
None	of the public behavior and published the sequence of the seque
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
	3.
2.	
	4.
PART 7. REPRE	ESENTATION BEFORE STATE AGENCIES
List each executive branch agency before which you r box.	represented or assisted others for compensation of any amount. If none, check the
None	
Name of Agency	Name of Agency
1.	3.
2.	. A
	4.
PART 8. B	BUSINESS WITH STATE AGENCIES
List each executive branch agency to which you or a n \$1,000 during the reporting period. Indicate whether you	member of your immediate family sold goods or services with a value in excess or ou or a family member sold the goods or services. If none, check the box.
None	The state of the s
Name of Agency	Name of Agency
1.	3.
	, , , , , , , , , , , , , , , , , , ,
2.	
2.	4. .
PART 9. INCOME RECE	EIVED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting period and the	urce of income of \$1,000 or more received by your spouse or domestic partner or e kind of income represented. If your spouse or domestic partner received income only the job title of dependent children who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received
Name:	1.
Job Title:	2. 2.
	3. 3.
Dependent Child(ren) - Job Titles Only	
Job Title:	
Job Title:	
Job Title:	1935 And Andrew of the Control of th

	PART 10. OFFIC	CER OR I	DIRECTOR	RPOSITIONS		
neid any offic	rofit or nonprofit corporation, firm, association, p e, trusteeship, directorship, or position of any na pensated. If a family member listed, indicate yo	ature. Indi	cate whethe	r vou or a family held	the position and w	ediate family hether the posi
None	- The state of the		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	en er den eine ein der Mehrer (Mehrer (Mehrer (Mehrer (Mehrer (Mehrer (Mehrer (Mehrer (Mehrer (Mehrer (Mehrer T	Півні на Мінівно в Ангристру в на типо по по продовати по по ставо в 1,000 година, до д	hadridado e en greco (no 1967 (no 1966) del Ballo de Alexandro e e especial y
	Organization/Business and Address	***************************************	Title	Position Held By:	Family Member's Name	Compen- sated?
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MANAGEMENT OF THE STATE OF THE			M	Select		Select
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	ADDITIO	NAL INF	ORMATIO	N	-	· · · · · · · · · · · · · · · · · · ·
Please provide the information	e any additional information below (and on n you are providing. Use additional pages,	additional if necess	al sheets if ary.	needed). Indicate	the part or section	n number for
Part/Section Number						
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magerials and Oliver's Agency to						
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