

JAN 23 2012 Maine Effice Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station American

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.

	EGISLATOR INFORMATION	
Name		Office:
RAYMOND A, WALLAC	E	☐ House ☐ Senate
Mailing address		District
83 PINE ST.	**************************************	24
City, zip code		Phone
DEXTER 0493	30	207-270-8041
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each private or public e whom you received compensation of \$1,000 or more.		
None	TO A COST AND A COST AND THE THE THE THE COST AND THE AND THE PARTY AND THE	
Name of Employer	Address	Principal Type of Economic Activity of Employer
	+	
	*	
PART 2. INCOME DERIVE	D FROM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or law derived income. If associated with a partnership, firm, activity or practice of that entity.		
None		CONTRACTORY OF CONTRACTORY CON
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:		en betraut verste konstanten er stat en state uit verste state visit in de state verste de den state verste de
Address:		
Name:		TO SECURE A STEED OF THE AND THE SECURE AS A SECURE AS A SECURE AND A SECURE AS A SECURE A
Address:		
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PART 2 (continued). INCOM	IE DERIVED FROM S	ELF-EMPLOYMENT
B. List each source of income derived from self-employmer \$1,000, whichever is greater, and specify the principal type income. If this form of disclosure is prohibited by law, rule, or economic activity of the entity or person from whom the income	of economic activity of an established code of p	the entity or person from whom you derived such
Name and Address of Sou	rce	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	**************************************	
Address:		
Name:	Badda Dagagag disiastra Allettinin Allet Anno 1996 (St.) (500 Disk 70 Province Augustus 1996)	ON LINES AND THE AND THE STOCK AND THE PROPERTY OF THE PROPERT
Address:		*
PART 3. OTHI	ER SOURCES OF INC	OME
List each source of income of \$1,000 or more <u>not listed</u> in Parts box.	s 1 or 2 of this form. Do r	not include gifts or honoraria. If none, check the
None	тадандарын үйтөдү нөө көнө түү күн саман үйдөүүдөүү бүрөнөй жар орчуучуу саман кезендөүү бүрөнөй байган байган	ag ng gagallung muni agumun anun ng gang pang gang punan pagunan paganan ing mana samungun puna pada inaliki indishi dalah mi 1990 dalah dalah 1990 dalah
Name and Address of Sour	rce	Kind of Income (investments, leases, etc.)
Name: SOCIAL SECURITY	UP ALA KELETI LA KELITALI SA MORE (M.Y. K.) A MANGELERA ANA KELITA ANA KELITA ANA KELITA ANA KELITA ANA KELITA	RETIREMENT
Address:		BENEFIT
Name: NEW YORK DEPLART MENT OF LABOR	поминистратителя з рассон на чтом него составления в составления в составления в составления в составления в с	UNEMPLAY MENT INGURANCE
Address: ALBANY, NEW YORK 12240-0001	. —	INGURANCE
Name: VP	neda daventak kitakulerinen mitteren erindak tangak kinatak kinatak kinatak kenandak da salah sebenatar salah d	DISABILITY
Address:		
PART 4. REI	PORTABLE LIABILITI	IES
List the names of creditors for any <u>unsecured</u> loans of \$3,000 areas of economic activity of each creditor. Do not list credit caregulated financial institutions. If none, check the box.		
None	MANA STORMAN MANA STANLAND ST	
Name and Address of Credi	itor	Principal Type of Economic Activity of Creditor
Name:	volus removeni in delsi hali milita kumanya ji yanda dibi diliki dibi kini hali da dalibi da sariyan ja ema ammana	ikkonamen, senen amag ande (il ett egen jepen akteurung gan og sjärgen på mennet kondig sjör på år danda till sed skal frakt i kall skal frak i ble (il kall skal frak i bl
Address:		TO SEP TO
Name:	ung, ng manggig dalahan di dinahan pindah di dalah ing kanting pinda pin	
Address:		
PART 5. GIFTS, INCLUDIN	IG TRAVEL AND ACC	COMMODATIONS
List the specific source of gifts received during the reporting per	riod with an aggregate va	lue of more than \$300. If none, check the box.
None	ommon die zein die das Gefahrischen der weiden 1500 1500 1500 1500 1500 1500 1500 150	
Name of Source of Gift 1.	3.	Name of Source of Gift
2.	4,	

P,	ART 6. HONORARIA	
List the source of any honoraria accepted for appearances	or speeches. If none, check the box.	COLLISION A CITE CONTROL OF THE CONT
None	TW/2009-1-10-1-19-9-1-10-1-19-1-1-1-1-1-1-1-	aala ka bahaya magaa gagaa
Name of Source of Honoraria	Name of S	Source of Honoraria
1.	3 .	
		PPT NETTITI TISAATI TISAATI NETTI NASTI ONETTI VASTI ONETTI VARANA PARAMAMAANA PARAMAMAANA RASTA PARAMAMAA RASTA PARAMAMAANA TARAMAMAANA PARAMAMAANA
2.	4.	
BART DEDECE	ALTATION DEFORE OTATE AGENCY	
List each executive branch agency before which you repre	NTATION BEFORE STATE AGENCIE	
box.	esented of assisted official tot compensati	on of any amount. If none, check the
None	ig kat pagangang mga pandada tahun mananan mananan manan manan manan manan manan manan manan manan manan manan Katapangan mga pandada tahun manan manan manan manan manan manan manan manan manan mga mga mga mga mga mga mga	gamman + g
Name of Agency	Nan	ne of Agency
1.	3.	
2.	4.	
PART 8. BUS	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sold goods	or services with a value in excess of
None		
Name of Agency	Nam The control of t	isottationale de la finistra del finistra de la finistra del finistra de la finistra del la finistra de la fini
1.	3.	
		ESSAGE BESTER SEGNALUM
2.	4.	
PART 9. INCOME RECEIV	/ED BY MEMBERS OF IMMEDIATE I	FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin of \$1,000 or more, list his or her name and job title. List only	nd of income represented. If your spouse	or domestic partner received income
not include gifts.	Type of Economic Activity	PHARTICAL PROCESSA P
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received	Kind of Income
	может при	esses gramman meneralismi tahun mengelikan perpenyalan perpenyalan perpenyalah
Name:	1	1
Job Title:	2 3	2
	J	J
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:	[2] ([2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	enemente de 1909 et est est est est est est est est est

	isteeship, directorship,	or position of any	i, partnership or busine nature. Indicate wheth d, indicate your relation	her you or a family r	member held the pos	ition and whethe
☑ None						
t en regignate et en el la la company de la company que la company la company de la company de la company de l	Organization/Business and Address	i del la la companya de la companya I	Title	Position Held By:	Family Member's Name	Compensated
Annual Addition and Addition an	VALUE COMMUNICATION CONTRACTOR CO		антайна байган байг	.cd . Максынгалиянын колонынын тетенай шаалитын төгөөгө төгөө		ALLERANDON DE L'ESTANDON D
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			SIGNATURE ent is subject to a fir			
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The intentional filiwillfully filed a fals	ing of a false statem se statement, it shall	ent is a Class E refer its findings	ent is subject to a fir crime. If the Comm	ission concludes t ley General. (1 M	that it appears that I.R.S.A. § 1019)	
The intentional fill willfully filed a fals Ouymand Please provide a	ing of a false statem se statement, it shall	ent is a Class E refer its findings ADDI	ent is subject to a fir crime. If the Commis of fact to the Attorn ITIONAL INFORMATION and additional sheet	ission concludes to the set of th	that it appears that I.R.S.A. § 1019) AOIX Date	a Legislator h