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JAN 24 2020
Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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PHONE: 207-287-4179

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2019 Calendar Year: January 1, 2019 - December 31, 2019

☐ **Check here if this statement is an amendment of a previously filed statement.**

Name	Office
WALTER RISEMAN	☑ House ☐ Senate
Mailing Address: PO BOX 543	District Number: 69
City/Town, State, Zip: HARRISON ME 04040	E-mail Address: WRISEMAN

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by **5:00 p.m., Friday, February 18, 2020**.

GENERAL INSTRUCTIONS TO COMPLETE THIS FORM

- **Complete all sections. If a section is not applicable, check the box labeled "None" for that section.**
- A glossary is located in the back of this form.
- If completing this form by hand, **PLEASE WRITE LEGIBLY.**
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. **Dollar amounts should not be reported.**
- Campaign contributions and Maine Clean Election Act payments should not be reported in this statement.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

IMPORTANT NOTICE: REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities, or positions of the Legislator or an immediate family member (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Updated statement forms are available at www.maine.gov/ethics or by calling the Commission. Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the Legislator or immediate family member $2,000 or more in the current year;
- A new reportable liability of $3,000 or more obtained during the current calendar year;
- A new contract or other arrangement between the Legislator, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than $10,000 during the current calendar year; and
- A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Please call the Commission staff 207-287-4179 if you have any questions.
Thank you for your cooperation!

Part 1. Income from Employment by Another

☐ None. Check this box if you did not have income from employment by another.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
Maine State Legislature	State House Augusta, ME	Government	Legislator
SAD #17	232 MAIN ST S PARIS, ME	EDUCATION	SUBSTITUTE TEACHER

Part 2. Income from Self-Employment

☑ None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity

Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

Part 3. Business Entities

☑ None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity

Part 4. Income from the Practice of Law

☑ None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner

Part 5. Income from Any Other Source

☐ None. Check this box if you did not have income from any other source.

Name of Source	Address	Description of Income
EDWARD JONES	MAIN ST SOUTH PARIS	RETIREMENT FUNDS
US SOCIAL SECURITY		SOCIAL SECURITY

Part 6-A. Compensation Income of Immediate Family Members

☐ None. Check this box if no members of your immediate family received income of $2,000 or more from employment or compensation.

Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
JANE RISEMAN SERVER	FLUVIAL BREWING MAPLE RD HARRISON ME	BREW PUB/ TASTING ROOM

Part 6-B. Other Sources of Income of Immediate Family Members

☐ None. Check this box if no members of your immediate family received income of $2,000 or more from any other source.

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
JANE RISEMAN	SOCIAL SECURITY	SOCIAL SECURITY

Part 7. Loans

☑ None. Check this box if you did not have reportable liabilities.

Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

Part 8. Gifts, Including Travel and Accommodations

☑ None. Check this box if you did not receive any gifts.

Source of Gift	Description of Gift

Part 9. Honoraria

☑ None. Check this box if you did not receive honoraria.

Source of Honoraria	Source of Honoraria
1.	2.
3.	4.

Part 10. Positions in Political Action, Ballot Question or Party Committees

☑ None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.

Name of Committee	Name of Official or Family Member	Title
1.		
2.		
3.		

Part 11. Conducting Business with State Agencies

☑ None. Check this box if neither you nor your immediate family did business with any State agency.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Good or Services

Part 12. Representing Others Before State Agencies

☑ None. Check this box if neither you nor your immediate family represented another before a State agency.

Name of Agency	Name of Individual Receiving Compensation

Part 13. Positions in For-Profit and Non-Profit Organizations

☐ None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
TRI-COUNTY MENTAL HEALTH	BOARD OF DIRECTORS	TREASURER	☐ Self ☐ Spouse ☐ Dependent	NO
			☐ Self ☐ Spouse ☐ Dependent	
			☐ Self ☐ Spouse ☐ Dependent	

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

Walter Ruam
Signature

1/8/2020
Date

THE INTENTIONAL FILING OF A FALSE STATEMENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))