Bray Michael J Form 3 January 10, 2011

# FORM 3

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

3235-0104

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Bray Michael J

(Last) (First) (Middle)

WELLS CAPITAL MANAGEMENT. 100 HERITAGE RESERVE, 2ND

(Street)

**FLOOR** 

**MENOMONEE** FALLS, WIÂ 53051-440

(City) (State) (Zip)

1. Title of Security (Instr. 4)

Statement

(Month/Day/Year) 01/01/2011

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

WELLS FARGO ADVANTAGE MULTI-SECTOR INCOME FUND [ERC]

4. Relationship of Reporting

Person(s) to Issuer

Filed(Month/Day/Year)

(Check all applicable)

Director 10% Owner Officer \_X\_\_ Other

(give title below) (specify below) Portfolio Manager

6. Individual or Joint/Group

5. If Amendment, Date Original

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

#### Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form: Direct (D)

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Price of Derivative Derivative Security:

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Date Expiration Title Exercisable Date

Amount or Security Number of Direct (D) or Indirect (I) (Instr. 5)

**Reporting Owners** 

**Reporting Owner Name / Address** 

Relationships

Shares

Director 10% Owner Officer Other

Bray Michael J

WELLS CAPITAL MANAGEMENT 100 HERITAGE RESERVE, 2ND FLOOR MENOMONEE FALLS, WIÂ 53051-440

Â

Â

Portfolio Manager

**Signatures** 

Catherine F. Kennedy by power of attorney

01/10/2011

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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