



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 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.

LEGISLATOR INFORMATION

Name PETER B. RIOUX		CHITTE CANNOT AND	Office: ☐ House ☐ Senate	
Mailing address 85 Rtverview HeIGHT	5		District 42	
City, zip code WINTERPORT MAINE	C	14496	Phone 207 659-2293	
PART 1. INCOM	IE DERIVI	ED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each private or pub whom you received compensation of \$1,000 or mo	olic employe ore. Specify	er, including the Legislature and any ag y the principal type of economic activity o	ency or subdivision of the State, from of each employer.	
None	- Service - Art -			
Name of Employer		Address	Principal Type of Economic Activity of Employer	
Maine State House of Representatives	2 S Augu	stale House Station sta, Maine	Government	
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990-000 20-00-000 20-00-00 20-00-00-00-00-00-00-00-00-00-00-00-00-0	\$P\$	NOVII TOOMIN OIT TOOTTOOTTOOTTOOTTOOTTOOTTOOTTOOTTOO		
PART 2. INCOME DEF	RIVED FRO	OM SELF-EMPLOYMENT OR LAW	PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.				
None	t privatilia e l'Escolvenes poloridamientos auchimen art. eficacione.	licident (1981) Назия (1962) на водиненно на състава (1964) на необразование подавание подавание подавание под	\$	
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: Peter Roux Clock Ser		Clock Repair/	Clock Repair/	
Address: 85 Riverview Hits. Wind	sport P	le Antiquea	Antiques	
Name: Address:				

PART 2 (continued). INCOME D	DERIVED FROM SELF	-EMPLOYMENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the e established code of profe	entity or person from whom you derived such
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name: PETER RIOUX CLOCK SERVICE Address: 85 RIVERVIEW HEIGHTS WINNEYER MAINE 04496	THE STATE OF THE S	Clock Repair and
Address: 85 RIVERVIEW Heights		Clock Repair and Service / Antique sales
Winksport Maine 04496	SOMETAN CITABON IN MICHIGANIA MONTON INTENTATAN MININA SAN CITA ZANIA MARKATAN INTENTATORI MARKATAN INTENTATORI	and the second s
V Name:		experience of the second secon
Address:		
PART 3. OTHER	SOURCES OF INCOM	E
List each source of income of \$1,000 or more not listed in Parts 1 obox.	or 2 of this form. Do not in	nclude gifts or honoraria. If none, check the
M None	NATION PROPERTY AND AND PROPERTY AND	
Name and Address of Source	and and the hand of the annual An	Kind of Income
	ASSESSANT COURT ON THE COMMITTEE STATE STORY OF STATE ST	(investments, leases, etc.)
Name:		and Constantion
Address:		
Name:		
Address:		TO THE PARTY OF TH
Name;	- ACTION ACTIONNY ARIENNY MAINTAN ACTIONNY ACTIO	AND ENGLISHED TO THE REAL STEEL ST
Address:		
PART 4. REPOI	RTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card I regulated financial institutions. If none, check the box.		
None	KKEET ALPANZEMONYANI-MANAGERIANI BERKANNYANINA KANDANINANI MATERIANA MISIAMANI ANA MATERIA DA ERI	онденност того и поменения в на подостива по на подости на подат на
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	
Name:	(Annalis Vanis 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address:		
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Address:		
PART 5. GIFTS, INCLUDING 1	TRAVEL AND ACCOM	MODATIONS
List the specific source of gifts received during the reporting period	with an aggregate value of	of more than \$300. If none, check the box.
None	nemental and an anti-section of the foreward of 20 habits 3.5 million of 200 Historical Advictorial Advictoria Advictorial Advictorial Advictorial Advictorial Advictorial Adv	
Name of Source of Gift		Name of Source of Gift
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2.	4.	neu un menera reus menera menera con con con con con con con con contra con traba in inicia de inicia de inicia de contra con con contra con traba inicia de

	ART 6. HONORARIA				
List the source of any honoraria accepted for appearances	s or speeches. If none, check the box.	TO ANY PROPERTY OF THE PROPERT			
None					
Name of Source of Honoraria	Name of S	Source of Honoraria			
1.	3.				
2.	4.	ZHERNEH ET SELOTH TOUR ANN ANN ANN ANN ANN ANN ANN ANN ANN AN			
PART 7. REPRESE	ENTATION BEFORE STATE AGENCIE	s			
List each executive branch agency before which you reprebox.	esented or assisted others for compensation	on of any amount. If none, check the			
None					
Name of Agency	Nam	ne of Agency			
1.	3.				
2.	менно столо полочения нечения пособущей терителя общения, на при принеской полочения на принеской денностраний денностической денностиче	торуул жанастурга жанастуу и байнасуу уйтайн муу катары корон корон корон жараа жаруу байгаруу байгаруу байгар			
PART 8. BUS List each executive branch agency to which you or a men \$1,000 during the reporting period. Indicate whether you or None	mber of your immediate family sold goods or a family member sold the goods or service	or services with a value in excess of es. If none, check the box.			
Name of Agency	1000.000.000.000.000.000.000.000.000.00	том of Agency			
1.	3.				
2.	4.	4.			
PART 9. INCOME RECEIVALIST the type of economic activity representing each source dependent child(ren) during the reporting period and the kilof \$1,000 or more, list his or her name and job title. List only not include gifts.	ind of income represented. If your spouse	y your spouse or domestic partner or or domestic partner received income			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income			
,	1	1			
lame:	2.	2.			
lob Title:	3.	3.			
Dependent Child(ren) - Job Titles Only					
ob Title:					
ob Title:					
lob Title:	THE PROPERTY OF THE INVESTIGATION AND A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE INVESTIGATION AND THE PROPERTY OF THE INVESTIGATION AND THE PROPERTY OF THE INVESTIGATION AND THE INVESTIGATION	MAN THE RESTRICT AND THE STATE OF THE STATE			

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			SIGNATURE			
The intentional t	filing of a false s	file a required statem tatement is a Class E t shall refer its findings	crime. If the Co	mmission conclu	ides that it appears	that a Legislator has
- Lil	Signature	Row	_ .		2-5- /5 Date	
				heets if needed)	. Indicate the part o	or section number for
Part/Section . Number	you are providing	g. Ose additional pag	ayakaliyya amiyo hareyyo qoybyatii jirayiin ah Shaarina a saaniiyaa iyo haasiin isi a aniya mayyo aaniiyib	e all facilità de la cione de la graphiqua de la graphiqua de la companya de la companya de la companya de la c		
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PART 10. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family member held the position and whether

Title

Position Held

By:

Family Member's

Name

Compensated?

the position was compensated. If a family member is listed, indicate your relationship and the name of the family member.

None

Organization/Business

and Address