



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

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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 Clerk of the House or Secretary of the Senate 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.

LEGISL	ATOR INFORMATION		
PETER B. RIOUX		Office: House	☐ Senate
Mailing address 85 RIVERVIEW HEIGHTS	18 BBC 1998 1998 1998 1998 1998 1998 1998 199	District DISTRICT	42
City, zip code WINTERPORT, MAINE	And the state of t	Phone 223-47	32
PART 1. INCOME DERIVI	ED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from whom y economic activity of each employer.	ou received compensation of \$1,000 o	or more. Specify the	ne principal type of
☑ None			
Name of Employer	Address		Economic Activity nployer
PART 2. INCOME DERIVED FRO	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 econor sional association, or similar business e	mic activity or pracentity, list the major	tice from which you areas of economic
None		5	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, asso	Economic Activity/ Practice ciation, firm or similar ess entity)
Name: PETER RIOUX CLOCK SERVICE Address: (same as above)	Antique Clock and Tower CLOCK RESTORATI		
(sure or serve)	1 1		- million (4.8) (1999) and a third strategy company to provide propriate plantification of an experience of a security of the
Name: Address:		TO THE PROPERTY OF THE PROPERT	
	<u> </u>	<u> </u>	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was or	nomic activity of the entity or pe ablished code of professional eth	erson 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:		ra enculaciones ano
Address:		993 8 8 90 90 90 90 90 90 90 90 90 90 90 90 90
Name:		
Address:	7,000	
PART 3. OTHER SO	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts	or honoraria. If none, check the
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		
Address:		
Name:	The state of the s	
Address:		
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	ore that you received during the illities, educational loans, loans from	reporting period, and list the major om a relative, or business loans from
None		TO THE ANY COURT OF A THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE STATE OF THE STATE OF THE COURT
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. REPO		
List the specific source of gifts received during the reporting period wit	h an aggregate value of more tha	n \$300. If none, check the box.
Name of Source of Gift	N	Source of Gift
1.	3.	Source of Gift
2.	4.	

PART 6. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or	speeches. If none, check to	he box.			
None					
Name of Source of Honoraria		Name of Source of Honoraria			
1.	3.				
2.	4.		and the state of t		
。	TATION BEFORE STATE				
List each executive branch agency before which you represe box.	ented or assisted others for	compensation of any amount. If n	one, check the		
None			Photoschishishishishishishishishishishishishish		
Name of Agency		Name of Agency			
1.	3.				
2.	4.		Week on near the second		
	IESS WITH STATE AGE				
List each executive branch agency to which you or a member \$1,090 during the reporting period. Indicate whether you or a	er of your immediate family a family member sold the gor	sold goods or services with a valueds or services. If none, check the	ue in excess of box.		
☑ None			######################################		
Name of Agency		Name of Agency			
1.	3.				
2.	4.		Annual control of the		
PART 9. INCOME RECEIVE					
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only the not include gifts.	d of income represented. If the	your spouse or domestic partner re	eceived income		
Name of Spouse or Domestic Partner and Job Title	Type of Economic A Representing Source of Received		come		
Name: Susan T. Rioux Job Title: Elected Assessor	1. Property toxa	ssessor 1. Salary 2.			
Job Title: Zleched 19585501	3.	3.			
Dependent Child(ren) - Job Titles Only					
Job Title: Office Assistant, totor	filing, aftersolo	oftolor Workstudy	- Solary		
Job Title:			Additional to characteristic de the contract of the contract o		
Job Title:	·	resonate			

☑ None		TO A THE STATE OF	e e e e e e e e e e e e e e e e e e e	
Organization/Business and Address	Title	Position Held	Family Member's Name	Compen-
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	\$1990 Constant	Assistance of the second secon	TO POSITION AND AND AND AND AND AND AND AND AND AN	
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egislator who willfully fails to file a required state	ement is subject to a f	ne of up to \$100. (1	M.R.S.A. § 1017-A	i)
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runy mod a raise statement, it shall refer to infall	ngs of lact to the Attor	ney General. (1 M.N	.o.n. g 1019)	
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Signature Signature		2 -	9-2011	
Signature				
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PART 10. OFFICER OR DIRECTOR POSITIONS