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State of South Dakota  
Statement of Financial Interest  
Elected Official

File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this form.

1. Name Susan Blake Susy Blake  
2. Address 2516 Clarkway Drive SF. SD 57105  
3. Elected Office Legislator - House of Rep. Dist. 13

If there is no change in your financial interest since the filing of your post nomination statement of financial interest, please sign and return.

Date: Jan 18, 2010 (Signed) Susy Blake

If there are changes, please complete the following:

4. What is your occupation/profession? \_\_\_\_\_

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of South Dakota }  
County of \_\_\_\_\_ } SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (Signed) \_\_\_\_\_

(Seal) Filed this 18 day of January  
James J. Sant  
SECRETARY OF STATE

\_\_\_\_\_  
Officer Administering Oath  
My commission expires: \_\_\_\_\_