

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

☐ Please check if this is an update to a previously fi	iled statement for the calendar year	2008.							
LEGISL	ATOR INFORMATION								
Name anna D. Blodaeta	7-	Member of: ☑ House ☐ Senate							
Mailing address 13 Greenwood Cour City, zip code City, zip code City, zip code	ut	District 56							
City, zip code augusta, Me O	4330	Phone 622-3967							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER									
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.									
Name of Employer	Address	Principal Type of Economic Activity of Employer							
Me State Reteriment		Montly retirement							
		งานการการการการการการการการการการการการการก							
		***CONCRETED CONTROL OF THE PROPERTY OF THE							
	RIVED FROM SELF-EMPLOYMEN ors who are self-employed.)								
A. List the name and address of your business, if a derived income. If associated with a partnership, firm areas of economic activity of that entity.	any, and list the major areas of ec	onomic activity from which you ar business entity, list the major							
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)							
Name: Address:	The state of the s								
Name: Address:		70 (500 000 000 000 000 000 000 000 000 0							

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYM o are self-employed.)	ENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profesthe entity or person from whom the income was derived.	entity or person from whom you deri	ved such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name;		· ·
Address:	· · · · · · · · · · · · · · · · · · ·	
Name:	MANUMAN and an analysis and the second district (MANUMAN AND AND AND AND AND AND AND AND AND A	Application of the control (Application) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Address:	Control of the Contro	
Management of the second of th	REAS OF PRACTICE	
List your major areas of practice. If associated with a law firm, list t	re attorneys-at-law only.) he major areas of practice of your fin	m.
Name and Address of Firm	Major Areas of Practic (self)	vermannesses presses se expresentation de la sala de la servicio de la companya del companya de la companya de la companya del companya de la companya del la companya de l
Name:	wy Co-ordinates	55 V (C)
Address:		
Name:		
Address:	And Application 1 to 1	
PART 4. OTHER SO	DURGES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include gi	fts. If none, check the box.
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	¢hwazaa.X1442b	
Address:		
Name:	· ·	
Address:		•
	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list loans from a	nore that you received during the representative. If none, check the box	orting period, and list the major
None	OOTTII TAAN MARKAAN OO MARKAAN TOO OOTTI PROOTTI OOTTII OOTTII OOTTII OOTTII OOTTII OOTTII OOTTII OOTTII OOTTI Oottii Taanaan oottii Oott	**************************************
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	Nederland and an experience of the property of	**************************************
Address:	Name of the state	
PART 6. REPO	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more tha	an \$300 from a single source. If
☑ None		`
Name of Source of Gift 1.	Name of Sou	rce of Gift
2.	4.	3043 and 4048 4048 3048 4048 4049 4049 4049 7/088 000000000000000000000000000000000

PART 7. REPORTABLE	HONOF	RARI	A			
List the source of any honoraria accepted for appearances or speeches rel	ated to y	our of	ficial duties. If none, check the box.			
₩ None		and the state of t				
Name of Source of Honoraria		1	lame of Source of Honoraria			
1. 3.						
2. 4.	~~.000mmov.4~~~mm+96.05*55.54	3 - 40 - 30	and the Control of th			
PART 8. REPRESENTATION BEFO	ORE ST	ATE	AGENCIES			
List each executive branch agency before which you represented or assist he box.	ted othe	rs for	compensation of any amount. If none, check			
None	***************************************	dalalida da mana a aggr				
Name of Agency	200 Labor Personal Report		Name of Agency			
1. 3.	3.					
2. 4.	. 4.					
PART 9. BUSINESS WITH S	FATE A	GEN	GIES -			
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.		(CS) (
☑ None	Physical Education is a second					
Name of Agency			Name of Agency			
1. 3.	CTC XCTC ACTV Threshold a philir with	1966	manacanata de Baran (本本の中の Androine (本語) (本語) (本語) (本語) (本語) (本の日本) (本の日本) (本語) (本語) (本語) (本語) (本語) (本語) (本語) ・			
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PART 10. INCOME RECEIVED BY MEMB	ERS O	= IMN	MEDIATE FAMILY			
List the type of economic activity representing each source of income of S (ren) during the reporting period and the kind of income represented. Do r "D" for income received by dependents.	31,000 o ot includ	r more	e received by your spouse or dependent child s. Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Received	Circle Kind of Income					
	leti	**************************************				
1. Me State Retirement 2. Adams	(S)	D	Monthly retirement			
2. Adecco	<u>(S)</u>	D	Contracted Ly			
3. j-C5T	(\$)) D	Contracted - Februara			
4.	S	D	The state of the s			
SIGNATURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)) a fine	of \$1	0 per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If the Co willfully filed a false statement, it shall refer its findings of fact to the Attor	mmissio	on cor neral	ncludes that it appears that a Legislator has			
If the Commission determines that a Legislator has willfully failed to file a	=					

Signature 2/7/09
Date

the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

(1 M.R.S.A. § 1019)

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ADDITIONAL INFORMATION											
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