

# PERSONAL FINANCIAL DISCLOSURE

## "TIER 2"

### LSA-R.S. 42:1124.2

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought Council-City of Kenner

Date of Election 4/30/2006

Date of Qualifying \_\_\_\_\_

Full Name of Filer: Earl Bernhardt "Ben" Zahn III

Full Name of Spouse: Dawn Boudloche Zahn

Mailing Address: 4328 Colorado Ave.

Street

Apt. #

Kenner

LA

70065

City

State

Zip Code

Spouse's Occupation: n/a

Spouse's Principal Business Address, if any:

Street

Suite #

City

State

Zip Code

Select One:  (A) I certify that I have filed my federal income tax return for the previous year.

(A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One:  (B) I certify that I have filed my state income tax return for the previous year.

(B) I certify that I have filed for an extension of my state income tax return for the previous year.

### CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Earl Bernhardt "Ben" Zahn III  
Signature of Filer

Sworn to and subscribed before me this 14 day of May, 2009

Notary Public

Printed Name: \_\_\_\_\_

ID# \_\_\_\_\_



**OFFICIAL SEAL**  
DARLYNN K. PRENDERGAST  
NOTARY PUBLIC - LOUISIANA  
NOTARY #67384  
PARISH OF JEFFERSON  
My Commission is For Life

Commission Expires \_\_\_\_\_

### SCHEDULE A EMPLOYMENT INFORMATION

Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	
Employer Name <u>City of Kenner</u>		Job Title <u>Council</u>	
Employer Address <u>1801 Williams Blvd.</u>			
Street		Suite #	
<u>Kenner</u>	<u>LA</u>	<u>70062</u>	
City	State	Zip Code	
Job Description <u>Elected Councilman-District 3</u>			
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name <u>Ben Zahn's Florist Decorating</u>		Job Title <u>Owner/Operator</u>	
Employer Address <u>4101 California Ave.</u>			
Street		Suite #	
<u>Kenner</u>	<u>LA</u>	<u>70062</u>	
City	State	Zip Code	
Job Description <u>Full Service Decorator of green plant displays, florals and Christmas decorations</u>			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name _____		Job Title _____	
Employer Address _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Job Description _____			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name _____		Job Title _____	
Employer Address _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Job Description _____			

### SCHEDULE B POSITIONS - BUSINESS

Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business Ben Zahn's Decorating					
Address 4101 California Ave.			100		
Street			Suite #		
Kenner		LA	70062		
City		State	Zip Code		
Business Description Florist					
Nature of Association Owner/Sole Proprietor					

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest		%
Name of Business					
Address					
Street			Suite #		
City		State	Zip Code		
Business Description					
Nature of Association					

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest		%
Name of Business					
Address					
Street			Suite #		
City		State	Zip Code		
Business Description					
Nature of Association					





### SCHEDULE E INCOME RECEIVED FROM EMPLOYMENT

Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

**INCOME SHALL BE REPORTED BY CATEGORY.**

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

**INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse			I	II	III	IV
<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		Amount of Income:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Name Ben Zahn's Decorating		Job Title Owner/Operator					
Employer Address 4101 California Ave.		100					
Street		Suite #					
Kenner		LA		70062			
City		State		Zip Code			
Nature of services rendered pursuant to the employment							
Salary as owner							

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse			I	II	III	IV
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		Amount of Income:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Name		Job Title					
Employer Address							
Street		Suite #					
City		State		Zip Code			
Nature of services rendered pursuant to the employment							

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse			I	II	III	IV
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		Amount of Income:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Name		Job Title					
Employer Address							
Street		Suite #					
City		State		Zip Code			
Nature of services rendered pursuant to the employment							

### SCHEDULE F INCOME FROM BUSINESS INTERESTS

Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.

I II III IV

Aggregate Amount of Income received from the business interests listed on Schedule F:

Filer  Spouse

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of services rendered for the business or a reason the income was received:

\_\_\_\_\_

Filer  Spouse

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of services rendered for the business or a reason the income was received:

\_\_\_\_\_

Filer  Spouse

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of services rendered for the business or a reason the income was received:

\_\_\_\_\_

### SCHEDULE G OTHER INCOME

Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in value ranges by category), excluding income reported in another section of this report.

**Note:** Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.

Filer  Spouse

I II III IV

Amount of Income:

Description of Income

Description of service rendered or the reason the income was received:

Filer  Spouse

I II III IV

Amount of Income:

Description of Income

Description of service rendered or the reason the income was received:

Filer  Spouse

I II III IV

Amount of Income:

Description of Income

Description of service rendered or the reason the income was received:

### SCHEDULE H IMMOVABLE PROPERTY

Check if Not Applicable

A brief description, fair market value or use value ( in value ranges by category ) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

Filer    Spouse    Both

I   II   III   IV

Location of property: Value of Property:

Country United States                      State Louisiana

Parish/County Jefferson

Property Description:

4328 Colorado Ave. Kenner, LA 70065-Personal Residence

Filer    Spouse    Both

I   II   III   IV

Location of property: Value of Property:

Country \_\_\_\_\_                      State \_\_\_\_\_

Parish/County \_\_\_\_\_

Property Description:

Filer    Spouse    Both

I   II   III   IV

Location of property: Value of Property:

Country \_\_\_\_\_                      State \_\_\_\_\_

Parish/County \_\_\_\_\_

Property Description:

### SCHEDULE I INVESTMENT HOLDINGS

Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

### SCHEDULE J TRANSACTIONS

Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>

### SCHEDULE K LIABILITIES

Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Creditor _____			
Address _____			
Street _____	Suite # _____		
City _____	State _____	Zip Code _____	
Name of Guarantor (if any) _____			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Creditor _____			
Address _____			
Street _____	Suite # _____		
City _____	State _____	Zip Code _____	
Name of Guarantor (if any) _____			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Creditor _____			
Address _____			
Street _____	Suite # _____		
City _____	State _____	Zip Code _____	
Name of Guarantor (if any) _____			

