

PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

ORIGINAL REPORT AMENDED REPORT This Report Covers Calendar Year 2010

I hold an office that would trigger a filing under Tier 2.1 or Tier 3.

Full Name of Filer: MICHAEL S. YENNI

Mailing Address: 15 RUE SAINT LOUIS
Street Apt. #
KENNER LA. 70065
City State Zip Code

Office Held or Position Sought: MAYOR, CITY OF KENNER, LA.

Date of Election: 3/27/2010 Date of Qualifying: 2/3/2010

Full Name of Spouse: N/A

Spouse's Occupation: N/A

Spouse's Principal Business Address, if any:
N/A
Street Suite #
City State Zip Code

2010 FEB 10 PM 1:11
LUDWIGIANA REGISTRATION
CAMPAIGN FINANCE
RECEIVED

- (A) I certify that I have filed my federal income tax return for the previous year.
- (B) I certify that I have filed my state income tax return for the previous year.
- or
- (A) I certify that I have filed for an extension of my federal 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.
- or
- (A) I certify that I have not filed my federal or state income tax return for the previous year as the returns are not due as of the date of qualifying.

CERTIFICATION OF ACCURACY

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information and belief.

Michael S. Yenni
Signature of Filer

Sworn to and subscribed before me this 9th day of February, 2010.

Keith Andrew Conley
Notary Public
Printed Name: Keith Andrew Conley
ID# 28328 Commission Expires 6/26/12

SCHEDULE A
EMPLOYMENT INFORMATION

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.

Filer Spouse

Full-time Part-time

Employer Name CITY OF KENNER, LA Job Title CHIEF Admin. OFFICER

Employer Address 1801 WILLIAM BLVD.
Street Suite #
KENNER, LA. 70062
City State Zip Code

Job Description CHIEF ADMIN. OFFICE OVERSEEING DAILY CITY FUNCTIONS

Filer Spouse

Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____
Street Suite #

City State Zip Code

Job Description _____

Filer Spouse

Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____
Street Suite #

City State Zip Code

Job Description _____

Filer Spouse

Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____
Street Suite #

City State Zip Code

Job Description _____

SCHEDULE B
POSITIONS - BUSINESS

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.

Filer Spouse Both

N/A

Amount of Interest _____ %

Name of Business _____

Address _____

Street

Suite #

City

State

Zip Code

Business Description _____

Nature of Association _____

Filer Spouse Both

Amount of Interest _____ %

Name of Business _____

Address _____

Street

Suite #

City

State

Zip Code

Business Description _____

Nature of Association _____

Filer Spouse Both

Amount of Interest _____ %

Name of Business _____

Address _____

Street

Suite #

City

State

Zip Code

Business Description _____

Nature of Association _____

SCHEDULE C
POSITIONS - NONPROFIT

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

Filer Spouse

N/A

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

Filer Spouse Business

Amount of Income \$ 83,000.00

Name of Business, if applicable CITY OF KENNER, LA

Name of Source of Income SALARY

Type of Income: State Political Subdivision Gaming Interest

Address 1801 WILLIAMS BLVD 200
Street Suite #
KENNER, LA 70082
City State Zip Code

Filer Spouse Business

Amount of Income \$ _____

Name of Business, if applicable _____

Name of Source of Income _____

Type of Income: State Political Subdivision Gaming Interest

Address _____
Street Suite #

City State Zip Code

Filer Spouse Business

Amount of Income \$ _____

Name of Business, if applicable _____

Name of Source of Income _____

Type of Income: State Political Subdivision Gaming Interest

Address _____
Street Suite #

City State Zip Code

SCHEDULE E
INCOME RECEIVED FROM EMPLOYMENT

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.

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____
Street Suite #

City State Zip Code

Nature of services rendered pursuant to the employment _____

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____
Street Suite #

City State Zip Code

Nature of services rendered pursuant to the employment _____

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____
Street Suite #

City State Zip Code

Nature of services rendered pursuant to the employment _____

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**

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.**

Aggregate Amount of Income received from the business interests listed on Schedule F: I II III IV

- Filer
 Spouse

N/A

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**

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

Amount of Income: I II III IV

Description of Income RENTAL INCOME

Description of service rendered or the reason the income was received:
RENTAL PROPERTY - 312 DANIELLA LANE
RESIDENTIAL OXFORD, MA 01865

Filer
 Spouse

Amount of Income: I II III IV

Description of Income _____

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

Filer
 Spouse

Amount of Income: I II III IV

Description of Income _____

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

**SCHEDULE H
IMMOVABLE PROPERTY**

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

Value of Property: I II III IV

Location of property:

Country U.S.

State LOUISIANA

Parish/County JEFFERSON

Property Description RESIDENCE 15 RUE SAINT LOUIS
Kenner, La. 70065

Filer Spouse Both

Value of Property: I II III IV

Location of property:

Country U.S.

State MISSISSIPPI

Parish/County LAFAYETTE

Property Description RESIDENTIAL RENTAL PROPERTY - 312 DANIELLA LANE
Oxford, MS. 38655

Filer Spouse Both

Value of Property: I II III IV

Location of property:

Country _____

State _____

Parish/County _____

Property Description _____

Filer Spouse Both

Value of Property: I II III IV

Location of property:

Country _____

State _____

Parish/County _____

Property Description _____

**SCHEDULE I
INVESTMENT HOLDINGS**

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	N/A	
<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**

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		N/A	I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV

**SCHEDULE K
LIABILITIES**

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.

Filer Spouse

N/A

Name of Creditor _____

Address _____

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) _____

SCHEDULE L
OTHER OFFICES/POSITIONS

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2.1 (Tier 2.1) or Section 1124.3 (Tier 3) of the Code of Governmental Ethics. Please note that only one financial disclosure report shall be filed by the filer and such report shall be filed under the highest Tier (with Tier 1 being the highest, then Tier 2, then Tier 2.1 and Tier 3 being the lowest).

NAME OF POSITION OR OFFICE HELD:

N/A