Post Office Box 4368 Baton Rouge, Louisiana 70821

## TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

THIS REPORT COVERS CALENDAR YEAR: 240
☐ ORIGINAL REPORT ☐ AMENDED REPORT
☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE E.
Name of Filer (print full name)
Address
City, State, Zip
Name of Board/Commission (no abbreviations):  Date of Appointment:  Date Appointment Expires:
Name of Snouse (print full name) MICAN Har Clim Holash
Name of Spouse (print full name) massife Chip Hebest  Spouse's Occupation President - Patriot Setices Cup
Principal Business Address 2 400 Kin Lend (1)
City, State Zip Kany, 60 70062
CHECK ONE:
Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.  I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.
Check all that apply:
Thave filed my state income tax return for the previous year.
$\Box$ I have filed for an extension of my state income tax return for the previous year.
Thave filed my federal income tax return for the previous year.
☐ I have filed for an extension of my federal income tax return for the previous year.
NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.
Certification of Accuracy
I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.
E. Derdl Bler -T-Rey"

Revised February 2011

Signature of Filer

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## **Schedule A: Employment Information**

□Filer □Spouse	☐Full-Time ☐ Part-Time	
Name of Employer: _	Possers Services Corp.	
l lob litle:	41CZ ProgNort	
Job Description:	overses Administration of company	
□Filer □Spouse		
Name of Employer: _	Potriot Services Com.	
Job Title:	Oversees Full Administration of company President	
Job Description:	President	
Amount of the second of the se		
□Filer □Spouse	□Full-Time □ Part-Time	
Name of Employer:		
Name of Employer: Job Title: Job Description:		
Name of Employer: Job Title: Job Description:  □Filer □Spouse	□Full-Time □ Part-Time	
Name of Employer: Job Title: Job Description:  Filer	□Full-Time □ Part-Time	
Name of Employer: Job Title: Job Description:  Filer	□Full-Time □ Part-Time	
Name of Employer: Job Title: Job Description:  Filer	□Full-Time □ Part-Time	

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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# Schedule B: Income from the State, Political Subdivisions, and/or Gaming Interests

□ Filer □ Spouse □ Business (where amount of interest exceeds 10%)  Type of Income: □ State □ Political Subdivision □ Gaming Interest  Name of Business (if applicable): □  Name of Income Source: □  Address: □  City, State, Zip: □  Amount of Income (exact dollar amount): \$□
□ Filer □ Spouse □ Business (where amount of interest exceeds 10%)  Type of Income: □ State □ Political Subdivision □ Gaming Interest  Name of Business (if applicable):
Address:City, State, Zip:
Amount of Income (exact dollar amount): \$
□ Filer □ Spouse □ Business (where amount of interest exceeds 10%)  Type of Income: □ State □ Political Subdivision □ Gaming Interest  Name of Business (if applicable): □  Name of Income Source: □  Address: □ □  City, State, Zip: □  Amount of Income (exact dollar amount): \$□□□□
□ Filer □ Spouse □ Business (where amount of interest exceeds 10%)  Type of Income: □ State □ Political Subdivision □ Gaming Interest  Name of Business (if applicable):
Amount of Income (exact dollar amount): \$

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

<sup>\*</sup> The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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## **SCHEDULE C: POSITIONS - BUSINESS**

☐ Filer ☐ Spouse ☐ Both  Amount of Interest (amount exceeds 10%):%  Name of Business:  Address: City, State, Zip:
Business Description: Nature of Association:
☐ Filer ☐ Spouse ☐ Both  Amount of Interest (amount exceeds 10%):%  Name of Business: Address: City, State, Zip:
Business Description: Nature of Association:
□Filer □Spouse □Both
Amount of Interest (amount exceeds 10%):%  Name of Business:  Address:  City, State, Zip:
Name of Business:
Name of Business: Address: City, State, Zip: Business Description:

<sup>\*</sup> You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>and</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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## Schedule D: Positions - Nonprofit

□Filer □Spouse	
1 Mb	
Name of Organization:	
Address:City, State, Zip:	-
Nature of Association:	
Description of Organization:	
	<del></del>
□Filer □Spouse	
Name of Organization:	
Address:	
City, State, Lip:	
Nature of Association:	-
Description of Organization:	
□Filer □Spouse	
•	
Name of Organization:	
Name of Organization:Address:	
Name of Organization:Address:City, State, Zip:	
Name of Organization:	
Name of Organization:Address:City, State, Zip:	
Name of Organization:	
Name of Organization:  Address: City, State, Zip:  Nature of Association:  Description of Organization:	
Name of Organization:  Address: City, State, Zip:  Nature of Association:  Description of Organization:  Filer   Spouse	
Name of Organization:  Address: City, State, Zip:  Nature of Association:  Description of Organization:  Filer  Spouse  Name of Organization:	
Name of Organization:  Address: City, State, Zip:  Nature of Association:  Description of Organization:  Filer	
Name of Organization:  Address: City, State, Zip:  Nature of Association:  Description of Organization:  Filer	
Name of Organization:  Address: City, State, Zip:  Nature of Association:  Description of Organization:  Spouse  Name of Organization:  Address: City, State, Zip:  Nature of Association:	
Name of Organization:  Address: City, State, Zip:  Nature of Association: Description of Organization:  Filer	

<sup>\*</sup>You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.

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## **Schedule E: Other Offices/Positions Held**

Name of Office/Position:	NB
Name of Office/Position:	

<sup>\*</sup>You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.3.

<sup>\* &</sup>quot;Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.

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# Schedule F: Contributions (Made within one year of appointment - in excess of \$1,000)

Date of Appointment:	
Compensation: \$	
Compensation: \$ 3 364 Dinder	
Amount of Contribution and/or Loan: \$ 300000	
,	
Date of Appointment:	
Compensation: \$=	
Compensation: \$=   Candidate Name:   Candidate N	
Amount of Contribution and/or Loan: \$ 1,000	
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution and/or Loan: \$	
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution and/or Loan: \$	
Date of Appointment:	
Compensation: \$	,
Candidate Name:	
Amount of Contribution and/or Loan: \$	
•	

\* You are only required to disclose contributions or loans made within one year of appointment.

<sup>\*</sup> You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution in excess of \$1,000 to the campaign of the official who appointed you.

<sup>\* &</sup>quot;Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office. \*"Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters, except the president or vice president of the United States, presidential elector, delegate to the political party convention, U.S. Senator, U.S. Congressman, or a political party office.

<sup>\* &</sup>quot;Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

<sup>\* &</sup>quot;Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.