

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

- ORIGINAL REPORT
- AMENDED REPORT

THIS REPORT COVERS CALENDAR YEAR: 2010/2011

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) Richard A. Lipsey
 ADDRESS 1 Lakewood Point Dr.
 CITY, STATE, ZIP Baton Rouge, LA 70810

NAME OF SPOUSE (PRINT FULL NAME) Susan Haspel Lipsey
 SPOUSE'S OCCUPATION Home maker
 PRINCIPAL BUSINESS ADDRESS _____

NAME OF BOARD/COMMISSION (NO ABBREVIATIONS) State Board of Commerce & Industry
 DATE OF APPOINTMENT: July 16-2009
 DATE APPOINTMENT EXPIRES: August 2011

CHECK ONE:

- Neither I, nor any member of my immediate family, has 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:**
- I have filed my STATE INCOME TAX RETURN for the previous year.
 - I have filed for an extension of my STATE INCOME TAX RETURN for the previous year.
 - I have 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.

Richard A. Lipsey
 SIGNATURE OF FILER

2011-08-25 AM 10:59

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SCHEDULE A: EMPLOYMENT INFORMATION

FILER SPOUSE FULL-TIME PART-TIME

NAME OF EMPLOYER: Lipsey's LLC

JOB TITLE: Chairman

JOB DESCRIPTION: Oversight of Company

FILER SPOUSE FULL-TIME PART-TIME

NAME OF EMPLOYER: _____

JOB TITLE: _____

JOB DESCRIPTION: _____

FILER SPOUSE FULL-TIME PART-TIME

NAME OF EMPLOYER: _____

JOB TITLE: _____

JOB DESCRIPTION: _____

FILER SPOUSE FULL-TIME PART-TIME

NAME OF EMPLOYER: _____

JOB TITLE: _____

JOB DESCRIPTION: _____

- 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): Not 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): _____
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): _____
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): _____
NAME OF INCOME SOURCE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ _____

* 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.

* 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%): 52 %
NAME OF BUSINESS: Lipsey's LLC
ADDRESS: 6823 Exchequer Dr.
CITY, STATE, ZIP: Baton Rouge, LA 70809
BUSINESS DESCRIPTION: Wholesale Sporting Goods
NATURE OF ASSOCIATION: Family Business

FILER SPOUSE BOTH
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 44 %
NAME OF BUSINESS: Haspel LLC
ADDRESS: 6823 Exchequer Dr.
CITY, STATE, ZIP: Baton Rouge, LA 70809
BUSINESS DESCRIPTION: Licensors of Men's Tailored Clothing and Accessories
NATURE OF ASSOCIATION: Family Business

FILER SPOUSE BOTH
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 12 %
NAME OF BUSINESS: Lipsey Communications LLC dba Connectivity Source
ADDRESS: 6961 North Merchant Ct.
CITY, STATE, ZIP: Baton Rouge, LA 70809
BUSINESS DESCRIPTION: Retail Cell Phone Sales and Service
NATURE OF ASSOCIATION: Founding Member

FILER SPOUSE BOTH
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): _____ % NAME OF BUSINESS: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BUSINESS DESCRIPTION: _____
NATURE OF ASSOCIATION: _____

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

* "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

NAME OF ORGANIZATION: Mary Bird Perkins Cancer Center FOUNDATION

ADDRESS: 4950 Essen Lane

CITY, STATE, ZIP: Baton Rouge, LA 70809

NATURE OF ASSOCIATION: Board Member and past Chairman

DESCRIPTION OF ORGANIZATION: Cancer Radiation Treatment Center

FILER SPOUSE

NAME OF ORGANIZATION: Pennington Medical Foundation

ADDRESS: 6400 Perkins Road

CITY, STATE, ZIP: Baton Rouge, LA 70808

NATURE OF ASSOCIATION: Board Member

DESCRIPTION OF ORGANIZATION: Financial Oversight of Pennington Investments

FILER SPOUSE

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: _____

*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: Not Applicable

NAME OF OFFICE/POSITION: _____

NAME OF OFFICE/POSITION: _____

NAME OF OFFICE/POSITION: _____

NAME OF OFFICE/POSITION: _____

NAME OF OFFICE/POSITION: _____

NAME OF OFFICE/POSITION: _____

NAME OF OFFICE/POSITION: _____

*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.

* "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 EMPLOYMENT- IN EXCESS OF \$1,000)

DATE OF EMPLOYMENT: Appointment August 2010
SALARY: \$ 0
compensation
CANDIDATE NAME: Friends of Bobby Jindal
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ 3,000.⁰⁰

DATE OF EMPLOYMENT: APPOINTMENT April 2011
SALARY: \$ 0
CANDIDATE NAME: FRIENDS OF BOBBY JINDAL
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ 5,000

DATE OF EMPLOYMENT: _____
SALARY: \$ _____
CANDIDATE NAME: _____
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ _____

DATE OF EMPLOYMENT: _____
SALARY: \$ _____
CANDIDATE NAME: _____
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ _____

DATE OF EMPLOYMENT: _____
SALARY: \$ _____
CANDIDATE NAME: _____
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ _____

* You are required to complete SCHEDULE F if you are directly employed by a statewide elected official to serve as an agency head AND you made a contribution in excess of \$1,000 to the campaign of the official who employed you.

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

* "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.

* "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.

* "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.