

REGISTRATION
FINANCE
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LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

2011 MAY 12 AM 11:06

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

- ORIGINAL REPORT
- AMENDED REPORT

THIS REPORT COVERS CALENDAR YEAR: 2010

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) JERALD N. JONES
 ADDRESS 606 OCKLEY DR
 CITY, STATE, ZIP SHREVEPORT, LA 7106

NAME OF SPOUSE (PRINT FULL NAME) ROBIN LEIGH JONES
 SPOUSE'S OCCUPATION N/A
 PRINCIPAL BUSINESS ADDRESS N/A

NAME OF BOARD/COMMISSION (NO ABBREVIATIONS) BOARD OF COMMERCE + INDUSTRY
 DATE OF APPOINTMENT: 3/13/2008
 DATE APPOINTMENT EXPIRES: 1/1/2012

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.

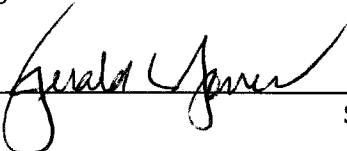
CHECK ALL THAT APPLY:

- 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.



 SIGNATURE OF FILER

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SCHEDULE A: EMPLOYMENT INFORMATION

FILER SPOUSE FULL-TIME PART-TIME

NAME OF EMPLOYER: BRADLEY MURCHISON KELLY + SHEA, LLC

JOB TITLE: PARTNER

JOB DESCRIPTION: ATTORNEY

FILER SPOUSE FULL-TIME PART-TIME

NAME OF EMPLOYER: NONE

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): N/A
NAME OF INCOME SOURCE: N/A
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): N/A
NAME OF INCOME SOURCE: N/A
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): N/A
NAME OF INCOME SOURCE: N/A
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%): _____ %
NAME OF BUSINESS: N/A
ADDRESS: _____
CITY, STATE, ZIP: _____
BUSINESS DESCRIPTION: _____
NATURE OF ASSOCIATION: _____

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

FILER SPOUSE BOTH
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): _____ %
NAME OF BUSINESS: N/A
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: _____

* 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: MOTHERS AGAINST DRUGS

ADDRESS: 138 E. COLUMBIA ST

CITY, STATE, ZIP: SHREVEPORT, LA 71104

NATURE OF ASSOCIATION: SUBSTANCE ABUSE PREVENTION

DESCRIPTION OF ORGANIZATION: → BOARD MEMBER + PRESIDENT

FILER SPOUSE

NAME OF ORGANIZATION: NORWELA COUNCIL of BOY SCOUTS OF AMERICA

ADDRESS: 3508 BEVERLY PLACE

CITY, STATE, ZIP: SHREVEPORT, LA 71104

NATURE OF ASSOCIATION: BOARD MEMBER

DESCRIPTION OF ORGANIZATION: YOUTH DEVELOPMENT

FILER SPOUSE

NAME OF ORGANIZATION: CCTC FOUNDATION

ADDRESS: 5950 UNION AVE

CITY, STATE, ZIP: SHREVEPORT, LA 71108

NATURE OF ASSOCIATION: BOARD MEMBER + V. PRES.

DESCRIPTION OF ORGANIZATION: SCHOLARSHIP PROGRAM

FILER SPOUSE

NAME OF ORGANIZATION: ARC of CADD-OSSIER

ADDRESS: _____

CITY, STATE, ZIP: _____

NATURE OF ASSOCIATION: BOARD MEMBER

DESCRIPTION OF ORGANIZATION: SUPPORT SERVICES for MENTAL HANDICAPS

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

SCHEDULE E: OTHER OFFICES/POSITIONS HELD

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: _____

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: 3/13/2008
SALARY: \$ 0.00
CANDIDATE NAME: ~~NEA~~ BOBBY JINDAL
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ ~~NEA~~ 2500 -
BY JERRY JONES CAMPAIGN

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: \$ _____

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.