

LOUISIANA  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
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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

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) Edmund Antie (Ed Antie)  
ADDRESS P.O. BOX 237  
CITY, STATE, ZIP CARENCRO, LA 70520

NAME OF SPOUSE (PRINT FULL NAME) Bonita  
SPOUSE'S OCCUPATION Nurse/PT  
PRINCIPAL BUSINESS ADDRESS NA

NAME OF BOARD/COMMISSION (NO ABBREVIATIONS) Louisiana Board of Regents  
DATE OF APPOINTMENT: JANUARY 1, 2011  
DATE APPOINTMENT EXPIRES: JANUARY 1, 2017

### 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.

Ed Antie

SIGNATURE OF FILER

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**SCHEDULE A: EMPLOYMENT INFORMATION**

FILER     SPOUSE                       FULL-TIME     PART-TIME

NAME OF EMPLOYER: Retired

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

FILER     SPOUSE                       FULL-TIME     PART-TIME

NAME OF EMPLOYER: \_\_\_\_\_

JOB TITLE: Housewife

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): \_\_\_\_\_ NA  
NAME OF INCOME SOURCE: \_\_\_\_\_ NA  
ADDRESS: \_\_\_\_\_ NA  
CITY, STATE, ZIP: \_\_\_\_\_ NA  
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ \_\_\_\_\_ NA

FILER    SPOUSE    BUSINESS (WHERE AMOUNT OF INTEREST EXCEEDS 10%)  
TYPE OF INCOME:    STATE    POLITICAL SUBDIVISION    GAMING INTEREST

NAME OF BUSINESS (IF APPLICABLE): \_\_\_\_\_ NA  
NAME OF INCOME SOURCE: \_\_\_\_\_ NA  
ADDRESS: \_\_\_\_\_ NA  
CITY, STATE, ZIP: \_\_\_\_\_ NA  
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ \_\_\_\_\_ NA

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%): 100 %

NAME OF BUSINESS: Central Telephone Co. Inc.

ADDRESS: P.O. Box 849

CITY, STATE, ZIP: BARBOUR LOUISIANA 70520

BUSINESS DESCRIPTION: Holding Company

NATURE OF ASSOCIATION: FOUNDER, PRESIDENT, CEO

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: \_\_\_\_\_

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: PASA PERFORMING ARTS SOCIETY OF ACAD.

ADDRESS: P.O. BOX 52979

CITY, STATE, ZIP: LAFAYETTE, LOUISIANA 70505

NATURE OF ASSOCIATION: SECRETARY

DESCRIPTION OF ORGANIZATION: TO EDUCATE, INSPIRE, ENTERTAIN, AND CULTURALLY ENRICH THE PEOPLE OF SOUTH LOUISIANA BY PROVIDING LOCAL ACCESS TO A DIVERSE RANGE OF PERFORMING ARTS.

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: \_\_\_\_\_

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: \_\_\_\_\_ *NP*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NP*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NP*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NP*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NP*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NP*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NA*

NAME OF OFFICE/POSITION: \_\_\_\_\_ *NP*

\*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: \_\_\_\_\_  
SALARY: \$ 0.0.  
CANDIDATE NAME: GOUVERNOR BOBBY JINDAL  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ APPROX 5,000.00

DATE OF EMPLOYMENT: \_\_\_\_\_  
SALARY: \$ 0.0  
CANDIDATE NAME: CONGRESSMAN CHARLES BOOSTANY  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ APPROX 5,000.00

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.