

PERSONAL FINANCIAL DISCLOSURE

"TIER 2.1"

LSA-R.S. 42:1124.2.1

2011 MAY 16 11 2:33

ORIGINAL REPORT     AMENDED REPORT    This Report Covers Calendar Year 20 11

I hold multiple offices/positions that fall under Tier 2.1 and/or would require a filing under Tier 3. If this box is checked, filer must complete Schedule E.

Full Name of Filer: Roger Houston Ogden

Mailing Address: 460 Broadway Street  
Street  
New Orleans LA 70118  
City State Zip Code

Name of Board or Commission Greater New Orleans Biosciences Economic Development District

Date of Appointment: June 2009 Expiration of Appointment May 2013

Full Name of Spouse: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Principal Business Address, if any:

\_\_\_\_\_  
Street Suite #  
\_\_\_\_\_  
City State Zip Code

- (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.

I do hereby certify that 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.

OR

I have attached a statement describing each conflict and action I am taking to resolve or avoid this conflict.

[CERTIFICATION OF ACCURACY ON FOLLOWING PAGE]

**CERTIFICATION OF ACCURACY**

**I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.**



Signature of Filer

**SCHEDULE C**  
**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 Amount of Interest 100 %

Name of Business Roger Ogden Development & Investments  
Address 460 Broadway Street  
Street  
New Orleans LA 70118  
City State Zip Code

Business Description real estate development & investments

Nature of Association principal / CEO

Filer  Spouse Amount of Interest 37.3 %

Name of Business Maurin-Ogden LLC  
Address 109 Northpark Boulevard Suite 300  
Street  
Covington LA 70433  
City State Zip Code

Business Description real estate

Nature of Association manager

Filer  Spouse Amount of Interest 15 %

Name of Business Stewart/Stirling One LLC  
Address 109 Northpark Boulevard Suite 300  
Street  
Covington LA 70433  
City State Zip Code

Business Description real estate

Nature of Association owner

**SCHEDULE D**  
**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

Name of Organization The Ogden Collection

Nature of Association director, member, president

Address 460 Broadway Street  
Street  
New Orleans, LA 7018 Suite #  
City State Zip Code

Organization Description art collection

Filer  Spouse

Name of Organization Greater New Orleans Inc.

Nature of Association on board of directors

Address 365 Canal Street Suite 2300  
Street  
New Orleans, LA 70130 Suite #  
City State Zip Code

Organization Description regional economic alliance

Filer  Spouse

Name of Organization International House of Blues Foundation

Nature of Association on board of directors

Address 7060 Hollywood Boulevard 2nd Floor  
Street  
Hollywood, CA 90028 Suite #  
City State Zip Code

Organization Description provides arts & cultural programs to schools & communities

**SCHEDULE D**  
**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

Name of Organization Ogden Museum of Southern Art

Nature of Association on board of directors

Address 925 Camp Street

New Orleans, LA 70130  
City State Zip Code

Organization Description art museum

Filer  Spouse

Name of Organization Business Council of New Orleans

Nature of Association on board of directors

Address 1615 Poydras St., Suite 253

New Orleans, LA 70112  
City State Zip Code

Organization Description regional economic alliance

Filer  Spouse

Name of Organization Louisiana's Flagship Coalition

Nature of Association on executive committee = board of directors

Address 15635 Airline Highway

Baton Rouge, LA 70817  
City State Zip Code

Organization Description support for LSU as a flagship university

**SCHEDULE F  
CONTRIBUTIONS**

Any filer required to file a La R.S. 42:1124.2.1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose: 1) the date of appointment; 2) any compensation provided for such position; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

- \* Only those contributions or loans made within one (1) year of appointment are required to be disclosed.
- \* See the instruction page for applicable definitions.

Date of appointment: June 2009 Candidate name: Bobby Jindal  
Compensation: \$ 0 Amount of contribution or loan: \$ 5,000

Date of appointment: \_\_\_\_\_ Candidate name: \_\_\_\_\_  
Compensation: \$ \_\_\_\_\_ Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_ Candidate name: \_\_\_\_\_  
Compensation: \$ \_\_\_\_\_ Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_ Candidate name: \_\_\_\_\_  
Compensation: \$ \_\_\_\_\_ Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_ Candidate name: \_\_\_\_\_  
Compensation: \$ \_\_\_\_\_ Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_ Candidate name: \_\_\_\_\_  
Compensation: \$ \_\_\_\_\_ Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_ Candidate name: \_\_\_\_\_  
Compensation: \$ \_\_\_\_\_ Amount of contribution or loan: \$ \_\_\_\_\_