

2011 MAY 17 AM 10:14

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

THIS REPORT COVERS CALENDAR YEAR: 10

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) MYRON K. LAWSON

Mailing Address 3504 MASONIC DRIVE

City, State, Zip ALEXANDRIA, LA 71301

Name of Board/Commission (no abbreviations): Southern University

Date of Appointment: 01/01/09

Date Appointment Expires: 12/31/14

Name of Spouse (print full name) KAREN K. LAWSON

Spouse's Occupation Public Relations

Principal Business Address 3727 GOVERNMENT STREET

City, State Zip ALEXANDRIA, LA 71301

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 as a member of the board or commission.

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.

My K. Lawson

Signature of Filer

Schedule A: Employment Information

Filer Spouse Full-Time Part-Time

Name of Employer: Self

Job Title: Insurance Agent

Job Description: Sale and Service of Insurance

Filer Spouse Full-Time Part-Time

Name of Employer: USDA Rural Development

Job Title: Public Relations

Job Description: Public Relations for the State of Louisiana

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.

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): \$ _____

N/A

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.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the instructions Section of this form.

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: _____

N/A

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 and 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.

Schedule D: Positions – Nonprofit

Filer Spouse

Name of Organization: J.S. LAWSON FOUNDATION
 Address: 326 DASPIT Street
 City, State, Zip: Alexandria, LA 71301
 Nature of Association: PRESIDENT COMMUNITY Support and development
 Description of Organization: OF Youth AND Senior PROGRAMS

Filer Spouse

Name of Organization: Sickle Cell Anemia Foundation
 Address: 2625 Third St.
 City, State, Zip: Alexandria, LA 71302
 Nature of Association: Board Member
 Description of Organization: Work with families with children with Sickle Cell

Filer Spouse

Name of Organization: AMI
 Address: 1250 Mac Arthur Drive
 City, State, Zip: Alexandria, LA 71301
 Nature of Association: Board Member
 Description of Organization: work with trouble youth and their families.

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.

Schedule E: Other Offices/Positions Held

Name of Office/Position: N/A

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.**

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

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

Date of Appointment: 01/01/09
Compensation: \$ -0-
Candidate Name: Bobby Jindal
Amount of Contribution or Loan: \$ 1,500

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution or Loan: \$ _____

- * You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.
- * You are only required to disclose contributions or loans made within one year of 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 officer.
- * "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.