Post Office Box 4368 Baton Rouge, Louisiana 70821

# TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

THIS BEPORT 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 (hiversity)  Date of Appointment: 01/01/09  Date Appointment Expires: 12/31/14
Name of Spouse (print full name) KAYEN K. LAWSON  Spouse's Occupation Public Relations  Principal Business Address 3727 Fovernment Spect  City, State Zip Atleanuely A. 2130
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:
$\square$ I have filed my state income tax return for the previous year.
In layer 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.
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

Post Office Box 4368 Baton Rouge, Louisiana 70821

# **Schedule A: Employment Information**

☑Filer □Spouse	□Full-Time □ Part-Time
Name of Employer:	e F
Job Title: LNS VI	rance Agent
Joh Description	leand service of insurance
joo Description.	
□Filer <b>□</b> Spouse	☑Full-Time ☐ Part-Time
Name of Employer:	SSDA RUAL Development
Job Title: Public	Relations
Joh Description: Pub	SSDA RUAL Development Relations lic relations for the State of Louisiana
jos Description. 100	THE THE BELLDIST HAVE
□Filer □Spouse	□Full-Time □ Part-Time
Name of Employer:	
Job Title:	
	· · · · · · · · · · · · · · · · · · ·
□Filer □Spouse	□Full-Time □ Part-Time
Name of Employer:	
Job Title:	
lob 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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

# 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): \$
□Filer □Spouse □Business (where amount of interest exceeds 10%)
Type of Income: □State □Political Subdivision □ Gaming Interest
Name of Business (if applicable):
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$
The state of the contraction of the state of
□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): \$
The state of the s
☐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): \$
Amount of modifie (exact dollar amount): 5

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gamin 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.

<sup>\*&</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\*</sup> income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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

Post Office Box 4368 Baton Rouge, Louisiana 70821

### **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:
□Filer □Spouse □Both
Amount of Interest (amount exceeds 10%):%  Name of Business:
Address:
City, State, Zip:
Business Description:
Amount of Interest (amount exceeds 10%):%
Amount of Interest (amount exceeds 10%):%  Name of Business:Address:
Amount of Interest (amount exceeds 10%):%  Name of Business:  Address:  City, State, Zip:
Amount of Interest (amount exceeds 10%):%  Name of Business: Address: City, State, Zip:  Business Description:
Amount of Interest (amount exceeds 10%):%  Name of Business:  Address:  City, State, Zip:
Amount of Interest (amount exceeds 10%):%  Name of Business:
Amount of Interest (amount exceeds 10%):%  Name of Business:
Amount of Interest (amount exceeds 10%):%  Name of Business:
Amount of Interest (amount exceeds 10%):%  Name of Business:
Amount of Interest (amount exceeds 10%):%  Name of Business:

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

<sup>\* &</sup>quot;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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule D: Positions - Nonprofit

Pfiler   Spouse     Name of Organization:	
Address: 326 DASPIT Street City, State, Zip: Alexandria, IA 7130  Nature of Association: SHEMINITY Support and development  Description of Organization: OF Uputh And Senior programs  While Spouse Name of Organization: S1Ckle Cell Anemia Foundation Address: 2625 Third St. City, State, Zip: Alexandria, IA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  Will Sickle Cell  While Spouse Name of Organization: A MI Address: 1250 Mac Anthor Arise City, State, Zip: Alexandria IA 7130  Nature of Association: Board Member  Description of Organization: Nork with thoube youth and their  PAMALES:  City, State, Zip: Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:  City, State, Zip:  Nature of Association:  Nature of Association:  Address:  City, State, Zip:  Nature of Association:	□Filer ■Spouse
City, State, Zip: Atexandria, IA 7130  Nature of Association: Colling of Lyouth and Serving Programs  While Ispouse  Name of Organization: SICkle Cell Anen: A Toundation  Address: 2625 Third of City, State, Zip: Alexandria, IA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  With Sickle Cell  Name of Organization: A MI  Address: 1250 Minc Aythur Arive  City, State, Zip: Alexandria LA 7130  Nature of Association: Board Member  Description of Organization: work with trouble youth and their  Priler Spouse  Name of Organization: work with trouble youth and their  Priler Spouse  Name of Organization: work with trouble youth and their  Address: City, State, Zip: Nature of Association:  Address: City, State, Zip: Nature of Association:	
Nature of Association: September 1 Support and development  Description of Organization: Of youth And Senior programs  Viller   Spouse  Name of Organization: S1Ckle Cell Anemia foundation  Address: 2625 Third St.  City, State, Zip: Arexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  Name of Organization: And Tanadaress: 1250 Mec Archor Arive  City, State, Zip: Alexandria LA 7130  Nature of Association: Board Member  Description of Organization: Nork with trouble youth and their  Primaries    Filer   Spouse	Address: 326 DASPIT Street
Name of Organization: Sickle Cell Anemia Foundation: Address: 2625 Think H. City, State, Zip: Arexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  Defiler Spouse  Name of Organization: AMI Address: 1250 Mac Arthur Mike City, State, Zip: Alexandria LA 7130  Nature of Association: Board Member  Description of Organization: work with brouble Uputh and their  Priler Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:  Name of Organization: Address: City, State, Zip:  Nature of Association:	City, State, Zip: Alexandria LA 7130
Name of Organization: Sickle Cell Anemia Foundation: Address: 2625 Think H. City, State, Zip: Arexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  Defiler Spouse  Name of Organization: AMI Address: 1250 Mac Arthur Mike City, State, Zip: Alexandria LA 7130  Nature of Association: Board Member  Description of Organization: work with brouble Uputh and their  Priler Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:  Name of Organization: Address: City, State, Zip:  Nature of Association:	Nature of Association: COMMUNITY Support and development
Name of Organization: Sickle Cell Anemia foundation  Address: 2625 Third St. City, State, Zip: Arexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  Spouse  Name of Organization: A MI  Address: 1250 Mac Arthur Arise City, State, Zip: Alexandria Member  Description of Organization: Work with trouble youth and their  Filer Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:	Description of Organization: OF youth And Senior programs
Name of Organization: Sickle Cell Anemia foundation  Address: 2625 Third St. City, State, Zip: Arexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  Spouse  Name of Organization: A MI  Address: 1250 Mac Arthur Arise City, State, Zip: Alexandria Member  Description of Organization: Work with trouble youth and their  Filer Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:	
Name of Organization: Sickle Cell Anemia foundation  Address: 2625 Third St. City, State, Zip: Arexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children  With Sickle Cell  Spouse  Name of Organization: A MI  Address: 1250 Mac Arthur Arise City, State, Zip: Alexandria Member  Description of Organization: Work with trouble youth and their  Filer Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:	<b>V</b> Filer □Spouse
Address: 2625 Third the City, State, Zip: Alexandria, LA 71302  Nature of Association: Board Member  Description of Organization: Work with Families with Children With Sickle Cell  With Sickle Cell  While Spouse  Name of Organization: A MI Address: 1250 Mac Arthur Mive City, State, Zip: Alexandria LA 7130    Nature of Association: Board Member  Description of Organization: Nork with thoube youth and their Pamiles.  Filer Spouse  Name of Organization: Mork with the World World Address: City, State, Zip: Mature of Association: Mork State, Zip: Nature of Association: Mature of Association: Mat	
Nature of Association: Board Member  Description of Organization: Work with Families with Children  Will Sickle (ell  Will Spouse  Name of Organization: AMT  Address: 1250 Mac Arthur Wive City, State, Zip: Alexandria LA 7130  Nature of Association: Board Member  Description of Organization: work with trouble Gutth and their  Pamales:    Filer   Spouse	Address: 2625 Third 64.
Description of Organization: Work with Families with Children  With Sickle (ed)  With Sickle (ed)  William Spouse  Name of Organization: AMI  Address: 1250 Mac Arthur Orive City, State, Zip: Alexandria LA 7130  Nature of Association: Bo and Member  Description of Organization: Nork with trouble youth and their Parmilles.    Filer   Spouse	
Name of Organization: A MI Address: 1250 Mac Arthur Orive City, State, Zip: Alexandria Member  Description of Organization: Nork with trouble Guth and Hierr Parmalles.    Filer   Spouse	
Name of Organization: AMI Address: 1250 Mac Arthur Orive City, State, Zip: Alexandria LA 7130  Nature of Association: Board Member  Description of Organization: Nork with trouble youth and their PAMALES: City, State, Zip:  Name of Organization: Address: City, State, Zip:  Nature of Association:	
Name of Organization: AMI Address: 1250 Mac Arthur Orive City, State, Zip: Alexandr: a LA 7130   Nature of Association: Board Member  Description of Organization: Nork with trouble youth and their PAMALES: City, State, Zip:  Nature of Association:  Nature of Association:	
Address: 1250 Mac Arthur Orive City, State, Zip: Alexandria Mark With thoube Uputh and their  Description of Organization: Nork with thoube Uputh and their  Parmalles:  Spouse  Name of Organization:  Address:  City, State, Zip:  Nature of Association:	□ Spouse
Address: 1250 Mac Arthur Orive City, State, Zip: Alexandr: a LA 7130  Nature of Association: Bo and Member  Description of Organization: Novk with trouble youth and their  Filer Spouse  Name of Organization: Address: City, State, Zip:  Nature of Association:	Name of Organization: AMI
Nature of Association: Board Member  Description of Organization: work with trouble youth and their Parmalles.  Spouse  Name of Organization: Address:	Address: 1250 MAC Arthur Orive
Description of Organization:work with trouble youth and their	
☐Filer ☐Spouse  Name of Organization:  Address:  City, State, Zip:  Nature of Association:	Nature of Association: Bo and Mem ber
Name of Organization:	Description of Organization: work with trouble youth and their
Address:  City, State, Zip:  Nature of Association:	□Filer □Spouse
Address:  City, State, Zip:  Nature of Association:	Name of Organization:
Nature of Association:	Address:
	Nature of Association:
	Description of Organization:

<sup>\*</sup>You are required to complete SCHEDULE D if you or your spoule is a director or officer of a nonprofit agency.

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule E: Other Offices/Positions Held

Name of Office/Position:
Name of Office/Position:

<sup>\*</sup>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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

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

Compensation: 5   01   09   Compensation: \$   -0^   Compensation: \$   Boloby Jindal   Contribution or Loan: \$   1,500   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: \$	
Date of Appointment:	
Compensation: \$	
Candidate Name:	
Amount of Contribution or Loan: \$	

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

<sup>\*</sup> 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.

<sup>\* &</sup>quot;Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the Unit States, presidential elector, delegate to a political party convent on, United States senator, United States congressman, or political party offic \* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, ma for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before after the election.

<sup>\* &</sup>quot;Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for 1 purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.