

PERSONAL FINANCIAL DISCLOSURE

"TIER 2.1"

LSA-R.S. 42:1124.2.1

ORIGINAL REPORT AMENDED REPORT This Report Covers Calendar Year ~~2009~~ 2010

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: Andrew L. Gulnn, Sr.

Mailing Address: P.O. Box 1329

Street	Apt. #	
Jennings	LA	70546
City	State	Zip Code

Name of Board or Commission: Louisiana Recovery Authority

Date of Appointment: July 21, 2008 Expiration of Appointment: 6-15-10

Full Name of Spouse: None

Spouse's Occupation:

Spouse's Principal Business Address, if any:

Street	Suite #	
City	State	Zip Code

Select One: (A) I certify that I have filed my federal income tax return for the previous year.
 (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: (B) I certify that I have filed my state 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.

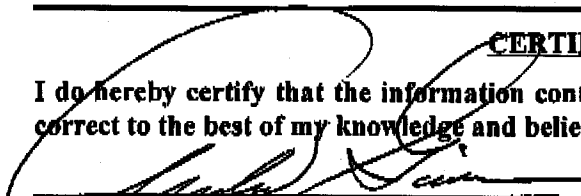
I do hereby certify that neither I nor any member of my immediate family has a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.

OR

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

CERTIFICATION OF ACCURACY

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

2011 NOV - 2 PM 2:17
 LOUISIANA
 ETHICS ADMINISTRATION
 CAMPAIGN FINANCE
 RECEIVED

SCHEDULE A EMPLOYMENT INFORMATION

Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name <u>Port Aggregates, Inc.</u>	Job Title <u>Owner/President</u>
Job Description <u>Owner/President</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name _____	Job Title _____
Job Description _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name _____	Job Title _____
Job Description _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name _____	Job Title _____
Job Description _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name _____	Job Title _____
Job Description _____	

**SCHEDULE B
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS**

Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ <u>417,784.51</u>
Name of Business, if applicable <u>Port Aggregates, Inc.</u>	
Name of Source of Income <u>State of Louisiana</u>	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>314 North Main Street</u>	
Street	Suite #
<u>Jennings</u>	<u>LA</u> <u>70546</u>
City	State Zip Code
	<u>State</u> <u>Zip Code</u>

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ <u>1,375,415.66</u>
Name of Business, if applicable <u>Port Aggregates, Inc.</u>	
Name of Source of Income <u>Various Political Subdivisions (see attached breakdown)</u>	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>314 N. Main Street</u>	
Street	Suite #
<u>Jennings</u>	<u>LA</u> <u>70546</u>
City	State Zip Code
	<u>State</u> <u>Zip Code</u>

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ <u>7,372.28</u>
Name of Business, if applicable <u>Southern Bar-B-Que, Inc.</u>	
Name of Source of Income <u>Various Political Subdivision</u>	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>P.O. Box 206</u>	
Street	Suite #
<u>Jennings</u>	<u>LA</u> <u>70546</u>
City	State Zip Code
	<u>State</u> <u>Zip Code</u>

SCHEDULE B
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Business	Amount of Income \$	78,013.97
Name of Business, if applicable Southern Bar-B-Que, Inc.				
Name of Source of Income Various Gaming Interests				
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input checked="" type="checkbox"/> Gaming Interest				
Address P.O. Box 206				
Street		Suite #		
Jennings		LA		70546
City		State		Zip Code
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business	Amount of Income \$	
Name of Business, if applicable				
Name of Source of Income				
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest				
Address				
Street		Suite #		
City		State		Zip Code
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business	Amount of Income \$	
Name of Business, if applicable				
Name of Source of Income				
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest				
Address				
Street		Suite #		
City		State		Zip Code

SCHEDULE C POSITIONS - BUSINESS

Check if Not Applicable

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.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest	32.5	%
Name of Business <u>Western Real Estate, LLC</u>			
Address	<u>5627 Bankers Avenue #2</u>	<u>100</u>	
	Street		Suite #
	<u>Baton Rouge</u>	<u>LA</u>	<u>70808</u>
	City	State	Zip Code
Business Description	<u>Real Estate/Services</u>		
Nature of Association	<u>Member</u>		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business <u>Calcasieu Industrial Properties, L.L.C.</u>			
Address	<u>P.O. Box 1329</u>		
	Street		Suite #
	<u>Jennings</u>	<u>LA</u>	<u>70546</u>
	City	State	Zip Code
Business Description	<u>Real Estate</u>		
Nature of Association	<u>Owner/Manager</u>		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business <u>Kissin Oaks Ranch</u>			
Address	<u>960 County Road 2230</u>		
	Street		Suite #
	<u>Douglasville</u>	<u>TX</u>	<u>75560</u>
	City	State	Zip Code
Business Description	<u>Grass Seed/Hay</u>		
Nature of Association	<u>Owner</u>		

**SCHEDULE D
POSITIONS - NONPROFIT**

Check if Not Applicable

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.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization _____
Nature of Association _____
Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____
Organization Description _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization _____
Nature of Association _____
Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____
Organization Description _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization _____
Nature of Association _____
Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____
Organization Description _____

**SCHEDULE F
CONTRIBUTIONS**

Check if Not Applicable

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 Employment: _____	Candidate Name: Bobby Jindal _____
Salary: _____	Amount of contribution or loan: \$10,000.00 _____
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____