

LOUISIANA BOARD OF ETHICS
CAMPAIGN REC'D
NOV 26 2011

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

ORIGINAL REPORT

This Report Covers Calendar Year: 2011

AMENDED REPORT

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.

Office/Position Held: STATE REPRESENTATIVE

Name of Filer (print full name) MARCUS LAMAR HUNTER

Mailing Address 900 SAINT JOHN STREET

City, State, Zip MONROE, LOUISIANA 71201

Name of Spouse (print full name) N/A

Spouse's Occupation _____

Spouse's Principal Business Address _____

City, State, Zip _____

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.


I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.


Signature of Filer

Sworn to and subscribed before me this 16th day of November, 2012.


Notary Public (print name)


Notary Public (signature)

Daniel J. Hunter
State of Louisiana

ID# _____
Date Commission Expires _____ **This Commission is for Life**
Bar Roll No. 30561

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Job Title: ATTORNEY

Name of Employer: FOURTH DISTRICT JUDICIAL PUBLIC DEFENDER'S OFFICE

Address: 714 SAINT JOHN STREET

City, State, Zip: MONROE, LA 71201

Job Description: LEGAL REPRESENTATION

Filer Spouse Full-Time Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

- You are required to disclose 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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule B: Positions - Business

Check if not applicable

Filer Spouse Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: UNITED TITLE COMPANY

Address: 900 SAINT JOHN STREET

City, State, Zip: 71201

Business Description: LEGAL TITLE WORK/ABSTRACT

Nature of Association: PROPERTY TITLE WORK

Filer Spouse Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: THE LAW OFFICE OF MARCUS HUNTER

Address: 900 SAINT JOHN STREET

City, State, Zip: MONROE, LA 71201

Business Description: LEGAL

Nature of Association: LEGAL

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 B 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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule C: Positions - Nonprofit

Check if not applicable

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 C if you or your spouse is a director or officer of a nonprofit agency.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule D: Income from the State, Political

Check if not applicable

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): _____

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 D 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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

**Schedule E: Income Received from
Employment**

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Source of Income: FOURTH JUDICIAL DISTRICT PUBLIC DEFENDER OFFICE

Address: 714 SAINT JOHN STREET

City, State, Zip: MONROE, LA 71201

Nature of Services Rendered
(pursuant to such employment): LEGAL REPRESENTATION

Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Full-Time Part-Time

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered
(pursuant to such employment): _____

Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Full-Time Part-Time

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered
(pursuant to such employment): _____

Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

* Income received through *self-employment* is reported on SCHEDULE F.

* "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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule F: Income Received from
Business Interests**

Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

- Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse

Name of Business: LAW OFFICE OF MARCUS HUNTER

Address: 900 SAINT JOHN STREET

City, State, Zip: MONROE, LA 71201

Nature of services rendered OR
reason income was received: LEGAL

Filer Spouse

Name of Business: UNITED TITLE COMPANY

Address: 900 SAINT JOHN STREET

City, State, Zip: MONROE, LA 71201

Nature of services rendered OR
reason income was received: PROPERTY TITLE WORK

Filer Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered OR
reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "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.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule G: Other Income

Check if not applicable (any other income that exceeds \$1,000 from each source)

Filer Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.
* "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.
*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.
*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

 Check if not applicable Filer Spouse Both

Location of Property

Country: USA State: LOUISIANA Parish/County: OUACHITA

Description of Property:

1607 BOIS D'ARC PLACE, MONROE, LOUISIANA, INVESTMENT PROPERTYFair Market or Use Value: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000) Filer Spouse Both

Location of Property

Country: USA State: LOUISIANA Parish/County: OUACHITA

Description of Property:

1309 SOUTH 1ST STREET, MONROE, LOUISIANA - RESIDENCE/HOMEFair Market or Use Value: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000) Filer Spouse Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property:

Fair Market or Use Value: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

* You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule I: Investment Holdings

(an investment holding that exceeds \$5,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <hr/> Description of Security: <hr/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <hr/> Description of Security: <hr/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <hr/> Description of Security: <hr/>

* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule J: Transactions

Check if not applicable

(a transaction that exceeds \$5,000)

Filer Spouse Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule K: Liabilities

Check if not applicable

(a liability that exceeds \$10,000)

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: <u>REGIONS BANK</u> Address: <u>601 STERLINTON ROAD</u> City, State, Zip: <u>MONROE, LA 71201</u> Name of Guarantor (If applicable): _____
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: <u>SALLIE MAE</u> Address: <u>P. O. BOX 9532</u> City, State, Zip: <u>WILKES-BARRE, PA 18773</u> Name of Guarantor (If applicable): _____
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: <u>OUACHITA VALLEY CREDIT UNION</u> Address: <u>1420 NEW NATCHITOCHE STREET</u> City, State, Zip: <u>WEST MONROE, LA 71292</u> Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

**"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule L: Other Offices/Positions Held

Check if not applicable

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

*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule M: Positions - Business

Check if not applicable (to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Filer Spouse Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

Filer Spouse Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

Filer Spouse Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

* "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.

* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule N: Income from the State
and/or Political Subdivisions**

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and
Ethics Board, and the administrator of the Ethics Administration)

Filer Spouse Business

Type of Income: State Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

Filer Spouse Business

Type of Income: State Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

Filer Spouse Business

Type of Income: State Political Subdivision

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 N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

* "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.

* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

**Schedule O: Income from a
Governmental Entity**

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and
Ethics Board, and the administrator of the Ethics Administration)

Filer Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

Filer Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

Filer Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

Filer Spouse

Name of Governmental Entity: _____

Nature of Contract/Sub-Contract: _____

Value (of thing of economic value) Derived: _____

* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

**"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).