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

### TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

THIS REPORT COVERS CALENDAR YEAR: 2012

- 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) Richard Andrew Lipsey  
 Mailing Address 1 Lakewood Point Dr.  
 City, State, Zip Baton Rouge, LA 70810

Name of Board/Commission (no abbreviations): State of Louisiana Board of Regents  
 Date of Appointment: Jan 4, 2013  
 Date Appointment Expires: 6 years

Name of Spouse (print full name) Susan Haspel Lipsey  
 Spouse's Occupation Home maker  
 Principal Business Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**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.

  
 \_\_\_\_\_  
 Signature of Filer

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**Schedule A: Employment Information**

Filer     Spouse             Full-Time     Part-Time

Name of Employer: Lipsey's LLC

Job Title: Chairman

Job Description: Oversight of Company

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: \_\_\_\_\_

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.

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**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): Not 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): \$ \_\_\_\_\_

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.

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**SCHEDULE C: POSITIONS - BUSINESS**

Filer  Spouse  Both  
Amount of Interest (amount exceeds 10%): 30 %  
Name of Business: Lipseys LLC  
Address: 6823 Exchequer Dr.  
City, State, Zip: Baton Rouge, LA 70809  
Business Description: wholesale sporting goods  
Nature of Association: Family Business

Filer  Spouse  Both  
Amount of Interest (amount exceeds 10%): 14 %  
Name of Business: Haspel LLC  
Address: 6823 Exchequer Dr.  
City, State, Zip: Baton Rouge, LA 70809  
Business Description: Licensor of men's tailored clothing/accessories  
Nature of Association: Family Business

Filer  Spouse  Both  
Amount of Interest (amount exceeds 10%): 12 %  
Name of Business: Lipseys Communications LLC dba Connectivity Source  
Address: 6961 North Merchant Ct.  
City, State, Zip: Baton Rouge, LA 70809  
Business Description: Retail cell phone sales and service  
Nature of Association: Founding Member

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.

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**Schedule D: Positions – Nonprofit**

Filer    Spouse

Name of Organization: Mary Bird Perkins Cancer Center Foundation  
Address: 4950 Essen Lane  
City, State, Zip: Baton Rouge, LA 70809  
Nature of Association: Board Member and Past Chairman  
Description of Organization: Cancer radiation treatment center foundation

Filer    Spouse

Name of Organization: Pennington Medical Foundation  
Address: 6400 Perkins Road  
City, State, Zip: Baton Rouge, LA 70808  
Nature of Association: Board Member  
Description of Organization: Financial oversight of Pennington Investments

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

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**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 La. R.S. 42:1124.2.1 or 42:1124.3.**

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

Date of Appointment: Jan 2013  
Compensation: \$ \_\_\_\_\_  
Candidate Name: Friends of Bobby Jindal  
Amount of Contribution or Loan: \$ 5,000.00

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 as 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 office.

\* "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.