

LOUISIANA  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
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**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

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.

This Report Covers Calendar Year: 2012

- ORIGINAL REPORT
- AMENDED REPORT
- FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY  )  
Final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

Office/Position Held: Mayor, City of New Orleans

Name of Filer (print full name) Mitchell J. Landrieu

Mailing Address 2336 Octavia Street

City, State, Zip New Orleans, LA 70115

Name of Spouse (print full name) Cheryl Q. Landrieu

Spouse's Occupation Attorney

Spouse's Principal Business Address 101 Derbigny Street

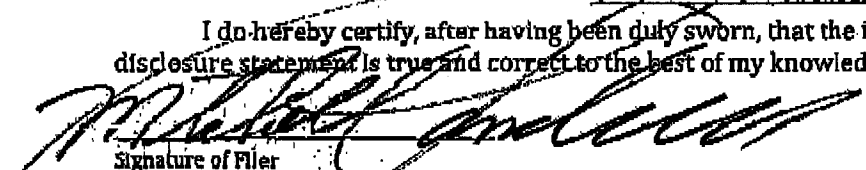
City, State, Zip Gretna, LA 70053

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 15 day of May, 2013.

Erica N. Beck  
Notary Public (print name)

[Signature]  
Notary Public (signature)

ID# 30000

Date Commission Expires at death

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**Schedule A: Employment Information**

Check if not applicable

Filer  Spouse  Full-Time  Part-Time

Job Title: Mayor

Name of Employer: City of New Orleans

Address: 1300 Perdido Street

City, State, Zip: New Orleans, LA 70130

Job Description: Oversees the operations of the City of New Orleans

Filer  Spouse  Full-Time  Part-Time

Job Title: Law Clerk

Name of Employer: Fifth Circuit Court of Appeals

Address: 101 Derbigny Street

City, State, Zip: Gretna, LA 70053

Job Description: Research Attorney

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.

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### Schedule B: Positions - Business

Check if not applicable

Filer     Spouse     Both

Amount of Interest (amount exceeds 10%): 11.11 %

Name of Business: Nineland, LLC

Address: 5329 Dryades Street

City, State, Zip: New Orleans, LA 70115

Business Description: A family LLC that holds real estate

Nature of Association: A family LLC that holds real estate

Filer     Spouse     Both

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

Name of Business: International Mediation & Abitration

Address: 1100 Poydras Street

City, State, Zip: New Orleans, LA 70163

Business Description: Provides mediation services

Nature of Association: Provides mediation services

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.

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### Schedule C: Positions - Nonprofit

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
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<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
--

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
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\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.



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## Schedule E: Income Received from Employment

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Source of Income: _____ Address: _____ City, State, Zip: _____ Nature of Services Rendered (pursuant to such employment): _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Source of Income: _____ Address: _____ City, State, Zip: _____ Nature of Services Rendered (pursuant to such employment): _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Source of Income: _____ Address: _____ City, State, Zip: _____ Nature of Services Rendered (pursuant to such employment): _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> 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.

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## 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)

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: <u>Nineland, LLC</u> Address: <u>5329 Dryades Street</u> City, State, Zip: <u>New Orleans, LA 70115</u> Nature of services rendered OR reason income was received: <u>Real Estate Interest</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered OR reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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.

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### Schedule G: Other Income

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

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse  Description of Income: <u>Pension</u>  Nature of services rendered or reason income was received: <u>Pension</u>  Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse  Description of Income: _____  Nature of services rendered or reason income was received: _____  Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse  Description of Income: _____  Nature of services rendered or reason income was received: _____  Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> 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.



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### Schedule H: Immovable Property

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

Check if not applicable

Filer  Spouse  Both

**Location of Property**

Country: United States State: Louisiana Parish/County: Orleans

**Description of Property:**

Residence

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)

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)

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.)

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### Schedule I: Investment Holdings

Check if not applicable (an investment holding that exceeds \$5,000)

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: Nineland, LLC
Description of Security: A family LLC that holds real estate
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:
Description of Security:
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:
Description of Security:

\* 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.

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### Schedule J: Transactions

Check if not applicable

(a transaction that exceeds \$5,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ <hr/> Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ <hr/> Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ <hr/> Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> 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.

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### 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>International Mediation &amp; Arbitration</u> Address: <u>1100 Poydras Street, Suite 2900</u> City, State, Zip: <u>New Orleans, LA 70163</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): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ 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).**

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### 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.

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### 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)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____ %
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____ %
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> 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.

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## 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.

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## 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)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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).