

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

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2013 MAY 16 PM 1:24

2014 MAY 16 PM 2:38

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT
(ANNUAL)

ORIGINAL REPORT

This Report Covers Calendar Year: 13

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) JACK M VARNER, JR.

Mailing Address 123 VARNER DR

City, State, Zip TALLULAH, LA. 71282

Name of Board/Commission (no abbreviations): FIFTH LA. LEVEE BOARD

Date of Appointment: APRIL 15 2013

Date Appointment Expires: PLEASURE OF GOVERNOR

Name of Spouse (print full name) KAREN M VARNER

Spouse's Occupation SELF EMPLOYED

Principal Business Address 123 VARNER DR.

City, State, Zip TALLULAH, LA, 71282

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.

Jack M Varner Jr

Signature of Filer
www.ethics.state.la.us

Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>STEEL BAYOU FARMS INC.</u>			
Job Title: <u>PRESIDENT</u>			
Job Description: <u>DAY TO DAY BUSINESS</u>			
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>J.K. FARMS INC</u>			
Job Title: <u>PRESIDENT</u>			
Job Description: <u>DAY TO DAY BUSINESS</u>			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>MADISON SOIL AND WATER CONSERVATION DISTRICT</u>			
Job Title: <u>BOARD MEMBER</u>			
Job Description: <u>Day to Day Business</u>			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>Jell Management Associates Inc.</u>			
Job Title: <u>President</u>			
Job Description: <u>Day to Day Business</u>			

- 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.

Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>Grand K. Farms Inc.</u> Job Title: <u>President</u> Job Description: <u>Day to Day Business</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> 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.

**Schedule B: Income from the State, Political
 Subdivisions, and/or Gaming Interests**

Check if not applicable

Filer Spouse Business (where amount of interest exceeds 10%)
 Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): MADISON SOIL & WATER CONSERVATION DISTRICT

Name of Income Source: MADISON SOIL & WATER CONSERVATION DISTRICT

Address: PO BOX 1498

City, State, Zip: TALLULAH LA 71282

Amount of Income (exact dollar amount): \$ 525⁰⁰/₁₀₀

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.

Revised June 2011

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Schedule C: Positions - Business

Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both		
Amount of Interest (where interest exceeds 10%): <u>20</u> %				
Name of Business: <u>Madison Parish Correctional Center</u>				
Address: <u>P.O. Box 496</u>				
City, State, Zip: <u>Jalleshon La. 71282</u>				
Business Description: <u>Detention Facility</u>				
Nature of Association: <u>President</u>				
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both		
Amount of Interest (where interest exceeds 10%): <u>35</u> %				
Name of Business: <u>Corrections Management Products Inc.</u>				
Address: <u>P.O. Box 443</u>				
City, State, Zip: <u>Jalleshon La. 71282</u>				
Business Description: <u>Management Co.</u>				
Nature of Association: <u>President</u>				
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both		
Amount of Interest (where interest exceeds 10%): <u>60</u> %				
Name of Business: <u>Southern Correctional Facility LLP</u>				
Address: <u>123 Varny Dr.</u>				
City, State, Zip: <u>Jalleshon La. 71282</u>				
Business Description: <u>Detention Facility 71282</u>				
Nature of Association: <u>Managing Partner</u>				

* 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 C: Positions - Business

Check if not applicable

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: Steel Bayou Farms Inc.

Address: P.O. Box 443

City, State, Zip: Hallsville La. 71282

Business Description: Farming

Nature of Association: President

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: J.H. Farms Inc.

Address: P.O. Box 496

City, State, Zip: Hallsville La. 71282

Business Description: Farming

Nature of Association: President

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: Gill Management Associates Inc.

Address: 123 Valley Dr.

City, State, Zip: Hallsville La. 71282

Business Description: Management Company

Nature of Association: President

* 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 C: Positions - Business

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>100</u> %
Name of Business: <u>Grand G. Farms Inc.</u>
Address: <u>123 Vandy</u>
City, State, Zip: <u>Illinois, IL 71282</u>
Business Description: <u>Farming</u>
Nature of Association: <u>President</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest 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

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: _____
<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: _____

*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

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 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.

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Schedule F: Contributions

Check if not applicable (made within one year of appointment - in excess of \$1,000)

Date of Appointment: <u>APRIL 2012</u> <u>MARCH 15 2013</u>
Compensation: \$ <u>67.50 per Diem (1 per month)</u>
Candidate Name: <u>GOVERNOR JINDALL</u>
Amount of Contribution or Loan: \$ <u>5000</u> (<u>From Jell Management Services Inc</u>)
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.

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