

ETHICS REGISTRATION  
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:** Councilman at Large Division 'A'

**Name of Filer** (print full name) Christopher Lorell Roberts

Mailing Address 2149 Hyde Park Ave E

City, State, Zip Harvey LA 70058

**Name of Spouse** (print full name) \_\_\_\_\_

Spouse's Occupation business owner

Spouse's Principal Business Address 700 Terry Pkwy

City, State, Zip Terrytown LA 70056

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.

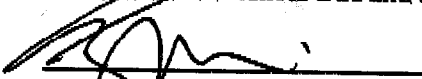
I have filed my federal income tax return for the previous year.

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 20th day of November, 2013.

  
\_\_\_\_\_  
Notary Public (print name)

  
\_\_\_\_\_  
Notary Public (signature)

ID# 27367

Date Commission Expires 2/1/2015

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### Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Job Title: <u>          Councilman          </u> Name of Employer: <u>          Jefferson Parish          </u> Address: <u>          200 Derbigny Street Suite 6200          </u> City, State, Zip: <u>          Gretna LA 70053          </u> Job Description: <u>          councilman          </u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Job Title: _____ Name of Employer: _____ Address: _____ City, State, Zip: _____ Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Job Title: _____ Name of Employer: _____ Address: _____ City, State, Zip: _____ Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> 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%): 100 %

Name of Business: CDS Enterprises

Address: 700 Terry Pkwy

City, State, Zip: Terrytown LA 70056

Business Description: Baskin Robbins retail business development

Nature of Association: owner

Filer     Spouse     Both

Amount of Interest (amount exceeds 10%): 25 %

Name of Business: West Bank Beacon LLC

Address: 536 Lafayette St.

City, State, Zip: Gretna LA 70053

Business Description: publication

Nature of Association: partner

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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Benefit Food Drive Inc.</u> Address: <u>2404 Claire Ave</u> City, State, Zip: <u>Gretna LA 70053</u> Nature of Association: <u>member</u> Description of Organization: <u>provides Thanksgiving baskets to needy</u>
<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 C if you or your spouse is a director or officer of a nonprofit agency.

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### 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): Jefferson Parish Council

Name of Income Source: Council salary

Address: 200 Derbigny Street

City, State, Zip: Gretna LA 70053

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.

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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:		Rainbow Automotive Family	
Address:		2929 N Hwy 190	
City, State, Zip:		Covington LA 70433	
Nature of services rendered OR reason income was received:		Stock ownership	
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse		
Name of Business:		CDS Enterprises LLC	
Address:		700 Terry Parkway	
City, State, Zip:		Terrytown LA 70056	
Nature of services rendered OR reason income was received:		retail   business development	
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse		
Name of Business:		Westbank Beacon, LLC	
Address:		536 Lafayette St.	
City, State, Zip:		Gretna LA 70053	
Nature of services rendered OR reason income was received:		publication ownership	

\*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 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)
<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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		
<b>Location of Property</b> Country: <u>USA</u> State: <u>LA</u> Parish/County: <u>Jefferson</u>		
Description of Property:  <div style="text-align: center; font-size: 1.2em;"><i>primary residence</i></div>		
<b>Fair Market or Use Value:</b>	<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 checked="" type="checkbox"/> Category IV (more than \$100,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<b>Location of Property</b> Country: _____      State: _____      Parish/County: _____		
Description of Property:  		
<b>Fair Market or Use Value:</b>	<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		
<b>Location of Property</b> Country: _____      State: _____      Parish/County: _____		
Description of Property:  		
<b>Fair Market or Use Value:</b>	<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 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 type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Name of Security: Nationwide Description of Security: Retirement Account
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Name of Security: Ameritrade Description of Security: Trading Account
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Name of Security: Rainbow Description of Security: dealership stock interest

\* 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: _____ 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: _____ 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: _____ 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 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): _____
<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

<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____

\*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.