

LIBERTY BANK
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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: 2013

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) Ann Davis Duplessis

Mailing Address 130 West Greenbrier Drive

City, State, Zip New Orleans, LA. 70128

Name of Board/Commission (no abbreviations): Hospital Service District A

Date of Appointment: _____

Date Appointment Expires: _____

Name of Spouse (print full name) Virgil Wade Duplessis

Spouse's Occupation Deputy Director of External Affairs Fairgrounds

Principal Business Address 1751 Gentilly Blvd.

City, State, Zip New Orleans, LA. 70119

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.

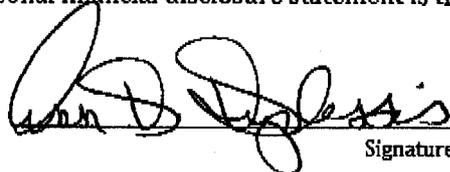
Check all that apply:

- 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

Feb. 17. 2014 12:18PM Liberty Bank

No. 0048 P. 2

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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) Ann Davis Duplessis

Mailing Address 130 West Greenbrier Drive

City, State, Zip New Orleans, LA 70128

Name of Board/Commission (no abbreviations): LSU BOARD of Supervisors

Date of Appointment: _____

Date Appointment Expires: June 2018

Name of Spouse (print full name) Virgil Wade Duplessis

Spouse's Occupation Deputy Director of External Affairs Fairgrounds

Principal Business Address 1751 Gentilly Blvd.

City, State, Zip New Orleans, LA 70119

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.

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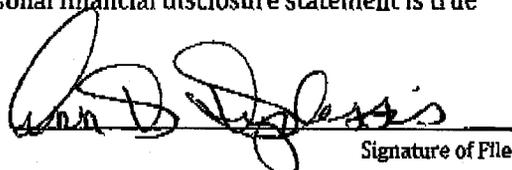
I have filed my federal income tax return for the previous year.

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

www.ethics.state.la.us

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Schedule B: 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: Churchill Downs Fairgrounds Race Course & Slots

Address: 1751 Gentilly Blvd.

City, State, Zip: New Orleans, LA 70128

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): \$ 57,500.00

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

Check if not applicable

<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: _____
<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: _____

*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: _____ 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: \$ _____
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.