

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 D.

- ORIGINAL REPORT
- AMENDED REPORT

This Report Covers Calendar Year: 2016

FINAL REPORT (WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY ))

A 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: Rese, District 2

NAME OF FILER (print full name): Kira Orange Jones

Mailing Address: 4011 Laurel Street

City, State, Zip: New Orleans, LA 70115

NAME OF SPOUSE(if applicable)(print full name): Christopher Ruzkowski

Spouse's Occupation: Deputy Commissioner New Mexico, DDB

Spouse's Principal Business Address: 300 Don Gaspar Ave, Santa Fe

City, State, Zip: New Mexico 87501

**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.

**CERTIFICATE 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, information, and belief.

Kira Orange Jones  
Signature of Filer

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**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>Teach For America</u>	
Job Title: <u>SVP, Regional Field Executive</u>	
Job Description: <u>Supports midwestern + southern regions</u>	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>New Mexico, Public Education Department</u>	
Job Title: <u>Deputy Commissioner</u>	
Job Description: <u>Manages policy for PED</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 employment information related to both you and your spouse (if applicable).
- \* 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.
- \* Self-employment information is reported on Schedule B.

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**Schedule B: Positions - Business**

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % 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: _____ % 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: _____ % 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, stockholder, 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, limited liability company, 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: _____
<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 organization.**

### Schedule D: 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: _____

\* You are required to complete SCHEDULE D 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 E: Immovable Property**

Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 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.)

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

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): <u>BESE</u> Name of Income Source: <u>BESE (Louisiana Dept of Treasury office)</u> Address: <u>201 N Third Street</u> City, State, Zip: <u>Baton Rouge, LA 70802</u> Amount of Income (exact dollar amount): \$ <u>2021.00</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> 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 F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) 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.

## Schedule G: Income Received from Employment

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>Teach For America</u>			
Address: <u>605 St. Charles Ave</u>			
City, State, Zip: <u>New Orleans, LA 70115</u>			
Nature of services (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 checked="" type="checkbox"/> Category IV (more than \$100,000)			
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Name of Employer: <u>New Mexico Public Education Department</u>			
Address: <u>300 Gaspar Ave</u>			
City, State, Zip: <u>New Mexico (Santa Fe) 87501</u>			
Nature of services (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 checked="" 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 Employer: _____			
Address: _____			
City, State, Zip: _____			
Nature of services (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 G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- \* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.



## Schedule H: Income Received From Business

Check if not applicable

**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:**

- 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 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: _____
<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 H if you or your spouse received income from a business.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.
- \* Income received through *self-employment* is reported on SCHEDULE H.
- \* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

## Schedule I: Other Income

(any other income that exceeds \$1,000)

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Description of Income:	
<i>fee for moderating seminar</i>			
Nature of services rendered or reason income was received:			
Amount of Income:		<input checked="" 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 checked="" 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 I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.
- \* "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 F, G, or H does not have to be restated on SCHEDULE I.
- \* Income from retirement accounts not reported on Schedule F should be included on Schedule I.

**Schedule J: Investment Holdings**

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:  <hr/> Description of Security:  
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:  <hr/> Description of Security:  
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:  <hr/> Description of Security:  

- \* You are required to complete SCHEDULE J 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.