

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED FAX No.

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LOUISIANA BOARD OF ETHICS Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (for candidates)

This Report Covers Calendar Year: 2016

ORIGINAL REPORT

AMENDED REPORT

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.

Office Sought: Orleans Parish City Council- District B

Date of Election: October 14, 2017

Incumbent: Yes No

NAME OF FILER (print full name): Jay H. Banks

Mailing Address: P.O. Box 19922

City, State, Zip: New Orleans, La 70179

NAME OF SPOUSE(if applicable)(print full name): Artelia Bennett-Banks

Spouse's Occupation: Community

Spouse's Principal Business Address: 1827 Peniston St

City, State, Zip: New Orleans, La 70115

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. 12:495.7 and 495.124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.
I am a candidate in an election to be held prior to April 15 and I have not filed my tax return for the previous year.

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.

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>Dryades YMCA</u> Job Title: <u>Director School of Commerce</u> Job Description: <u>Administrator</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>State of Louisiana Department of Children &amp; Family Services</u> Job Title: <u>Program Specialist</u> Job Description: <u>Conducts Quality Control Reviews for SNAP program</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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <b>Name of Organization:</b> <u>New Orleans Jazz &amp; Heritage Foundation</u> <b>Address:</b> <u>1205 N. Rampart St</u> <b>City, State, Zip:</b> <u>New Orleans, LA 70116</u> <b>Nature of Association:</b> <u>Board Member</u> <b>Description of Organization:</b> <u>Promote and preserve music, arts and heritage of communities in Louisiana</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <b>Name of Organization:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Nature of Association:</b> _____ <b>Description of Organization:</b> _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <b>Name of Organization:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Nature of Association:</b> _____ <b>Description of Organization:</b> _____

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

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### Schedule D: Other Offices/Positions Held

Check if not applicable

Name of Office/Position: Ernest N. Morial Exhibition Hall Authority/ Commissioner
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 checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u> Description of Property: <u>House</u> 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 checked="" type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>East Baton Rouge</u> Description of Property: <u>House</u> 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 checked="" 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)

Please read instructions on the back of this form.  
 \* You are required to provide a brief description of the immovable property and its fair market value or use  
 located on the parcel to the assessor for purposes of ad valorem taxes.  
 Revised November 2016                      Parish/County: \_\_\_\_\_                      [www.ethics.la.gov](http://www.ethics.la.gov)

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

Check if not applicable

<input type="checkbox"/> Filer <input checked="" 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>State of Louisiana, Department of Children &amp; Family Services</u> Name of Income Source: <u>State of Louisiana, Department of Children &amp; Family Services</u> Address: <u>527 N. 4th St</u> City, State, Zip: <u>Baton Rouge, LA 70802</u> Amount of Income (exact dollar amount): \$ <u>59,652.00</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.

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### Schedule G: Income Received from Employment

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>Oriondas YMCA</u>	
Address: <u>1746 Jackson Ave</u>	
City, State, Zip: <u>New Orleans, LA 70113</u>	
Nature of services (pursuant to such employment): <u>Director of School of Commerce</u>	
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)	
<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 employee in the position field.
- \* "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 from a verbiage city self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.



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### 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 subject to complete SCHEDULE H if you or your spouse received income from a business.
- \* "Income" (in all instances) 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, club, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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### Schedule I: Other Income

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

<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)
<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 personal 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.

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### Schedule J: Investment Holdings

(an investment holding that exceeds \$5,000)

Check if not applicable

<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:
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:
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, non-qualified 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 K: Transactions

(a transaction that exceeds \$5,000)

Check if not applicable

<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 K 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 (when the value of the transaction exceeds \$5,000 in the previous calendar year).

\* 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 L: Liabilities

(a liability that exceeds \$10,000)

Check if not 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): _____
<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 L 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 with respect to 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 own a share, 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" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction as defined in R.S. 6:969.1 et seq.