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

Incumbent: ☒ Yes ☐ No

Date of Election: Oct 5, 2017

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 RA 1997, Act 242 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: [Signature]

[Signature]

Revised December 2016

Form 416B

www.ethics.la.gov

Fax Received 16:41:31 2017-08-08
**Schedule A: Employment Information**

<table>
<thead>
<tr>
<th>Filer</th>
<th>Spouse</th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
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</tr>
</tbody>
</table>

**Name of Employer:** Dwyer YMCA  
**Job Title:** Director School of Commerce  
**Job Description:** Administrator

<table>
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<tr>
<th>Filer</th>
<th>Spouse</th>
<th>Full-Time</th>
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</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Name of Employer:** State of Louisiana Department of Children & Family Services  
**Job Title:** Program Specialist  
**Job Description:** Conducts Quality Control Reviews for SNAP program

<table>
<thead>
<tr>
<th>Filer</th>
<th>Spouse</th>
<th>Full-Time</th>
<th>Part-Time</th>
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</thead>
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</tr>
</tbody>
</table>

**Name of Employer:**  
**Job Title:**  
**Job Description:**

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<th>Full-Time</th>
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</tbody>
</table>

**Name of Employer:**  
**Job Title:**  
**Job Description:**

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<tbody>
<tr>
<td>☑</td>
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<td></td>
</tr>
</tbody>
</table>

**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.
Schedule B: Positions - Business

<table>
<thead>
<tr>
<th>Filer</th>
<th>Spouse</th>
<th>Both</th>
</tr>
</thead>
</table>

- **Amount of Interest**: 

- **Name of Business**: 

- **Address**: 

- **City, State, Zip**: 

- **Business Description**: 

- **Nature of Association**: 

- **Amount of Interest**: 

- **Name of Business**: 

- **Address**: 

- **City, State, Zip**: 

- **Business Description**: 

- **Nature of Association**: 

- **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 the business. Also, if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%. 

* "Business" includes 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 C: Positions - Nonprofit**

- **Filer** [ ]
- **Spouse** [ ]

**Name of Organization:** New Orleans Jazz & Heritage Foundation

- **Address:** 1205 N. Rampart St.
- **City, State, Zip:** New Orleans, LA 70116

**Nature of Association:** Board Member

**Description of Organization:** Promote and preserve music, arts and heritage of communities in Louisiana

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*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

<table>
<thead>
<tr>
<th>Name of Office/Position:</th>
<th>Ernest N. Morial Exhibition Hall Authority/ Commissioner</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- 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.
## Schedule E: Immovable Property

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

<table>
<thead>
<tr>
<th>Location of Property:</th>
<th>Parish/County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: Louisiana</td>
<td>Orleans</td>
</tr>
<tr>
<td>Description of Property:</td>
<td>House</td>
</tr>
<tr>
<td>Value of the Interest in the Parcel:</td>
<td></td>
</tr>
<tr>
<td>Category I ($5,000 or less)</td>
<td>Category II ($5,000-24,999)</td>
</tr>
<tr>
<td>Category III ($25,000-$100,000)</td>
<td>Category IV (more than $100,000)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Property:</th>
<th>Parish/County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: Louisiana</td>
<td>East Baton Rouge</td>
</tr>
<tr>
<td>Description of Property:</td>
<td>House</td>
</tr>
<tr>
<td>Value of the Interest in the Parcel:</td>
<td></td>
</tr>
<tr>
<td>Category I ($5,000 or less)</td>
<td>Category II ($5,000-24,999)</td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Property:</th>
<th>Parish/County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: Louisiana</td>
<td></td>
</tr>
<tr>
<td>Description of Property:</td>
<td></td>
</tr>
<tr>
<td>Value of the Interest in the Parcel:</td>
<td></td>
</tr>
<tr>
<td>Category I ($5,000 or less)</td>
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</tr>
<tr>
<td>Category III ($25,000-$100,000)</td>
<td>Category IV (more than $100,000)</td>
</tr>
</tbody>
</table>

You are required to provide a brief description of the immovable property and its fair market value or use basis (if used for ad valorem purposes).
## Schedule F: Income from the State, Political Subdivisions, and/or Gaming Interests

- **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):
- State of Louisiana, Department of Children & Family Services

### Name of Income Source:
- State of Louisiana, Department of Children & Family Services

### Address:

### City, State, Zip:
- Baton Rouge, LA 70802

### Amount of Income (exact dollar amount): $59,652.00

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### 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): $

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### 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 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 above-mentioned 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 terms used) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

**Revised December 2016**

Form 416B

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Schedule G: Income Received from Employment

☐ Check if not applicable.

File □ Spouse □ Full-time □ Part-time

Name of Employer: Directors YMCA
Address: 7200 Dryades Ave
City, State, Zip: New Orleans, LA 70113

Nature of services (pursuant to such employment): Director of School of Commerce

Amount of Income □ Category I (less than $5,000) □ Category II ($5,000-$24,999) □ Category III ($25,000-$100,000) □ Category IV (more than $100,000)

File □ Spouse □ Full-time □ Part-time

Name of Employer:
Address:
City, State, Zip:

Nature of services (pursuant to such employment):

Amount of Income □ Category I (less than $5,000) □ Category II ($5,000-$24,999) □ Category III ($25,000-$100,000) □ Category IV (more than $100,000)

File □ Spouse □ Full-time □ Part-time

Name of Employer: 
Address:
City, State, Zip:

Nature of services (pursuant to such employment):

Amount of Income □ Category I (less than $5,000) □ Category II ($5,000-$24,999) □ Category III ($25,000-$100,000) □ 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 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 that was previously employed is reported on SCHEDULE H, unless it is reported on Schedule F.

Fax Received 16:41:31 2017-08-08
**Schedule H: Income Received From Business**

- **Check Box if applicable:**

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

- [ ] Category I (less than $5,000)
- [ ] Category II ($5,000-$24,999)
- [ ] Category III (more than $25,000)
- [ ] Category IV (more than $100,000)

**Filere: Spouse**

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

Nature of services rendered or reason income was received:

**Filere: Spouse**

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

Nature of services rendered or reason income was received:

**Filere: Spouse**

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

Nature of services rendered or reason income was received:

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* You are required to file Schedule H if you or your spouse received income from a business.

* "Income" (1) includes income from all sources, including income from a business.

* Income from Schedule I or II does not have to be restated on Schedule H.

* Income received through self-employment is reported on Schedule H.

* "Business" includes any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, trust, legal entity, or group.

**Form 416B**

Fax Received 16:41:31 2017-08-08
**Schedule I: Other Income**

(any other income that exceeds $1,000)

<table>
<thead>
<tr>
<th>Nature of services rendered or reason income was received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Income:</td>
</tr>
<tr>
<td>Category I (less than $5,000)</td>
</tr>
<tr>
<td>Category II ($5,000-$24,999)</td>
</tr>
<tr>
<td>Category III ($25,000-$100,000)</td>
</tr>
<tr>
<td>Category IV (more than $100,000)</td>
</tr>
</tbody>
</table>

* You are required to attach Schedule I if you or your spouse received any other type of income (includes any income from private sources 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 split over 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

(an investment holding that exceeds $5,000)

- [ ] Filer
- [ ] Spouse
- [ ] Both

**Name of Security:**

**Description of Security:**

<table>
<thead>
<tr>
<th>Name of Security</th>
<th>Description of Security</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* You must print and 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/stock/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, guardianship, custodianship, or other custodial instrument.

Post Office Box 4368
Baton Rouge, Louisiana 70821

Fax Received 16:41:31 2017-08-08
**Schedule K: Transactions**
(a transaction that exceeds $5,000)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount of Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (less than $5,000)</td>
<td>Filer, Spouse, Both</td>
</tr>
<tr>
<td>II ($5,000-$24,999)</td>
<td>Filer, Spouse, Both</td>
</tr>
<tr>
<td>III ($25,000-$100,000)</td>
<td>Filer, Spouse, Both</td>
</tr>
<tr>
<td>IV (more than $100,000)</td>
<td>Filer, Spouse, Both</td>
</tr>
</tbody>
</table>

- **Check if not applicable**

- **Transaction Date:**

- **Description of Transaction:**

- **Amount of Transaction:**
  - Category I (less than $5,000)
  - Category II ($5,000-$24,999)
  - Category III ($25,000-$100,000)
  - Category IV (more than $100,000)

- **Transaction Date:**

- **Description of Transaction:**

- **Amount of Transaction:**
  - Category I (less than $5,000)
  - Category II ($5,000-$24,999)
  - Category III ($25,000-$100,000)
  - Category IV (more than $100,000)

- **Transaction Date:**

- **Description of Transaction:**

- **Amount of Transaction:**
  - Category I (less than $5,000)
  - Category II ($5,000-$24,999)
  - Category III ($25,000-$100,000)
  - Category IV (more than $100,000)

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* You are required to complete Schedule K if you or your spouse purchased or sold any immovable property, personally owned credit card investments, 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 transfer of such property or of such tax credit certificates exceeds $7,500 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, real or farm equipment investments.
Schedule L: Liabilities

(a liability that exceeds $10,000)

☐ Filer  ☐ Spouse

Name of Creditor:

Address:

City, State, Zip:

Name of Guarantor (if applicable):

☐ Filer  ☐ Spouse

Name of Creditor:

Address:

City, State, Zip:

Name of Guarantor (if applicable):

☐ Filer  ☐ 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 used as security for the loan.
* You are 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 has a financial 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 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 employee is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a conflict of interest.
* Consumer Credit Transactions as defined 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. 6:9950.1 et seq.

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