LOUISIANA
ETHICS ADMINISTRATION
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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: 2013

☒ 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 L.

Office Sought: MAYOR, CITY OF KENNER Incumbent: ☒ Yes ☐ No
Date of Election: 4/5/2014
Date Qualified: 2/12/2014

Name of Filer (print full name): MICHAEL S. YENNI
Mailing Address: P. O. BOX 640938
City, State, Zip: KENNER, LA. 70064
Name of Spouse (print full name): MICHELLE S. YENNI
Spouse's Occupation: MANAGER, CHATEAU, INC.
Spouse's Principal Business Address: 3600 CHATEAU BLVD.
City, State Zip: KENNER, LA. 70065

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. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

Certificate 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.

Michael S. Yenni
Signature of Filer

Sworn to and subscribed before me on this 12 day of February, 2014.

DEBRA GAIL MILLER
Notary Public (print name)

Debra Gail Miller
Notary Public (signature)

ID# 17058

Date Commission Expires at death

Debra Gail Miller
Notary Public
LA Bar No. 17058
Parish of Jefferson, State of LA
My Commission is Issued for Life

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

Schedule A: Employment Information

☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-Time
Job Title: MAYOR
Name of Employer: CITY OF KENNER, LOUISIANA
Address: 1801 WILLIAMS BLVD
City, State, Zip: KENNER, LA. 70062
Job Description: MAYOR OF CITY OF KENNER

☐ Filer ☒ Spouse ☒ Full-Time ☐ Part-Time
Job Title: MANAGER
Name of Employer: CHATEAU INC.
Address: 3600 CHATEAU BLVD
City, State, Zip: KENNER, LA. 70065
Job Description: MANAGER OF CHATEAU COUNTRY CLUB.

☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time
Job Title: LT. JG.
Name of Employer: U.S. NAVY RESERVE
Address: 1240 EAST, NINTH ST.
City, State, Zip: CLEVELAND, OH. 44199 - 2055
Job Description: LIEUTENANT, JUNIOR GRADE, PUBLIC AFFAIRS U.S. NAVY RESERVE

☐ Filer ☐ Spouse ☐ Full-Time ☐ 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.

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

N/A

SCHEDULE B: POSITIONS - BUSINESS

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): _____%
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): _____%
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____

☐Filer ☐Spouse ☐Both

Amount of Interest (amount exceeds 10%): _____%
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____

☐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.**

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

N/A

Schedule C: Positions – Nonprofit

☐Filer ☐Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐Filer ☐Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐Filer ☐Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐Filer ☐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.**

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

Schedule D: Income from the State, Political 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): CITY OF KENNER - MAYOR
Name of Income Source: SALARY AS MAYOR
Address: 1801 WILLIAMS BLVD
City, State, Zip: KENNER, LA. 70062
Amount of Income (exact dollar amount): $ 72,502

☐ 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): $ _____

☐ 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.

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

Schedule E: Income Received from Employment

☒ Filer ☐ Spouse ☒ Full-time ☐ Part-time

Name of Employer: SALARY CITY OF KENNER
Address: 1801 WILLIAMS BLVD
City, State, Zip: KENNER, LA 70062
Nature of Services (pursuant to such employment): SALARY AS MAYOR OF KENNER

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)

☒ Filer ☐ Spouse ☐ Full-time ☒ Part-time

Name of Employer: SALARY AS LT JG, U.S. NAVY RESERVE
Address: 1240 EAST NINTH ST.
City, State, Zip: CLEVELAND, OH. 44199-2055
Nature of Services (pursuant to such employment): PUBLIC AFFAIRS OFFICER

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)

☐ Filer ☒ Spouse ☒ Full-time ☐ Part-time

Name of Employer: CHATEAU INC.
Address: 3600 CHATEAU BLVD.
City, State, Zip: KENNER, LA. 70065
Nature of Services (pursuant to such employment): MANAGER OF COUNTRY CLUB

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)

☐ Filer ☐ 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 E to disclose the income received by you or your spouse for each full-time or part-time employment position held.
* "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 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.

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

N/A

Schedule F: Income Received From Business Interests

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)

☐Filer ☐Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

☐Filer ☐Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

☐Filer ☐Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

☐Filer ☐Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

*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.

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

Schedule G: Other Income (any other income that exceeds $1,000 from each source)

☒ Filer ☐ Spouse

Description of Income: RENTAL INCOME

Nature of services rendered or reason income was received: RESIDENTIAL RENTAL

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)

☐ Filer ☒ Spouse

Description of Income: RENTAL INCOME

Nature of services rendered or reason income was received: RESIDENTIAL RENTAL

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)

☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

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)

☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

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 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.

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

Schedule H: Immovable Property (a property that exceeds $2,000 in value)

☒ Filer ☐ Spouse ☐ Both

Location of Property
Country: USA State: MISSISSIPPI Parish/County: LAFAYETTE
Description of Property: RESIDENTIAL RENTAL PROPERTY

Fair Market Value or Use Value: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999) ☐ Category III ($25,000-$100,000) ☒ Category IV (more than $100,000)

☒ Filer ☐ Spouse ☐ Both

Location of Property
Country: USA State: LOUISIANA Parish/County: JEFFERSON
Description of Property: PERSONAL RESIDENCE

Fair Market Value or Use Value: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999) ☐ Category III ($25,000-$100,000) ☒ Category IV (more than $100,000)

☐ Filer ☒ Spouse ☐ Both

Location of Property
Country: USA State: LOUISIANA Parish/County: JEFFERSON
Description of Property: RESIDENTIAL RENTAL PROPERTY

Fair Market Value or Use Value: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999) ☐ Category III ($25,000-$100,000) ☒ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Both

Location of Property
Country: _____ State: _____ Parish/County: _____
Description of Property: _____

Fair Market Value or Use Value: ☐ 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 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.)**

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

N/A

Schedule I: Investment Holdings (an investment holding that exceeds $5,000)

☐Filer ☐Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐Filer ☐Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐Filer ☐Spouse ☐ Both

Name of Security: _____

Description of Security: _____

☐Filer ☐Spouse ☐ Both

Name of Security: _____

Description of Security: _____

* 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.

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

N/A

Schedule J: Transactions (a transaction that exceeds $5,000)

☐Filer ☐Spouse ☐ Both

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)

☐Filer ☐Spouse ☐ Both

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)

☐Filer ☐Spouse ☐ Both

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)

☐Filer ☐Spouse ☐ Both

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)

* 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.

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

N/A

Schedule K: 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 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).

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

N/A

Schedule L: Other Offices/Positions Held

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 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.**