

PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought Bossier City Councilman At Large

Date of Election 4/4/09 Date of Qualifying 2/11/09

Full Name of Filer: David A. Montgomery, Jr.

Full Name of Spouse: N/A

Mailing Address: 130 Stonebridge Blvd.
Street Apt. #
Bossier City LA 71111
City State Zip Code

Spouse's Occupation: N/A

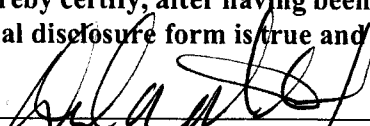
Spouse's Principal Business Address, if any:

N/A
Street Suite #
City State Zip Code

- (A) I certify that I have filed my federal income tax return for the previous year.
- (B) I certify that I have filed my state income tax return for the previous year.
- or
- (A) I certify that I have filed for an extension of my federal income tax return for the previous year.
- (B) I certify that I have filed for an extension of my state income tax return for the previous year.


CERTIFICATION OF ACCURACY

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information and belief.


Signature of Filer

See Attached Cover Letter

Sworn to and subscribed before me this 20th day of February, 2009.


Notary Public Atton Edward Ball, Caddo Parish, Louisiana
Printed Name:

ID# BAR# 21,222 Commission Expires at death

SCHEDULE A
EMPLOYMENT INFORMATION

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

Filer Spouse Full-time Part-time

Employer Name Montgomery Agency, Inc. Job Title Partner

Employer Address 209 Bennett Street
Street Bossier City LA Suite # 71111
City State Zip Code

Job Description Insurance Sales

Filer Spouse Full-time Part-time

Employer Name City of Bossier City Job Title Councilman

Employer Address 620 Benton Road
Street Bossier City LA Suite # 71171-5337
City State Zip Code

Job Description Councilman

Filer Spouse Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Job Description _____

Filer Spouse Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Job Description _____

SCHEDULE B
POSITIONS - BUSINESS

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

Filer Spouse Both Amount of Interest 24 %

Name of Business Montgomery Agency, Inc.

Address 209 Bennett Street
Street
Bossier City LA Suite # 71111
City State Zip Code

Business Description Insurance Agency

Nature of Association Shareholder - 24% and Employee

Filer Spouse Both Amount of Interest 50 %

Name of Business Brothers Venture, LLC

Address 130 Stonebridge Blvd.
Street
Bossier City LA Suite # 71111
City State Zip Code

Business Description Real Estate

Nature of Association 50% Owner - Member

Filer Spouse Both Amount of Interest 100 %

Name of Business David A. Montgomery, Jr. Insurance

Address 130 Stonebridge Blvd.
Street
Bossier City LA Suite # 71111
City State Zip Code

Business Description Insurance Sales and Brokerages

Nature of Association Sole Proprietorship - owned 100%

SCHEDULE C - "NONE"
POSITIONS - NONPROFIT

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

Filer Spouse Business Amount of Income \$ 46,422

Name of Business, if applicable Montgomery Agency, Inc.

Name of Source of Income Bossier Parish Police Jury

Type of Income: State Political Subdivision Gaming Interest

Address 204 Burt Blvd.
Street Benton LA Suite # 71006
City Benton State Zip Code 71006

Filer Spouse Business Amount of Income \$ 6,810

Name of Business, if applicable Montgomery Agency, Inc.

Name of Source of Income Caddo-Bossier Port Commission

Type of Income: State Political Subdivision Gaming Interest

Address 10397 Highway 1
Street Shreveport, LA Suite # 71115
City Shreveport State Zip Code 71115

Filer Spouse Business Amount of Income \$ 5,493

Name of Business, if applicable David A. Montgomery, Jr. Insurance

Name of Source of Income Caddo-Bossier Port Commission

Type of Income: State Political Subdivision Gaming Interest

Address 10397 Highway 1
Street Shreveport LA Suite # 71115
City Shreveport State Zip Code 71115

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

Filer Spouse Business Amount of Income \$ 1,560

Name of Business, if applicable Montgomery Agency, Inc.

Name of Source of Income Bossier Parish Levee District

Type of Income: State Political Subdivision Gaming Interest

Address 3404 Industrial Drive
Street Suite #
Bossier City LA 71112
City State Zip Code

Filer Spouse Business Amount of Income \$ _____

Name of Business, if applicable _____

Name of Source of Income _____

Type of Income: State Political Subdivision Gaming Interest

Address _____
Street Suite #

City State Zip Code

Filer Spouse Business Amount of Income \$ _____

Name of Business, if applicable _____

Name of Source of Income _____

Type of Income: State Political Subdivision Gaming Interest

Address _____
Street Suite #

City State Zip Code

SCHEDULE E
INCOME RECEIVED FROM EMPLOYMENT

Please disclose the name and address of the employer that provides income, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

Filer Spouse Amount of Income IV - More than
\$100,000

Full-time Part-time

Employer Name Montgomery Agency, Inc.

Employer Address 209 Bennett Street
Street Suite #
Bossier City LA 71111
City State Zip Code

Nature of services rendered pursuant to the employment Insurance Sales

Filer Spouse Amount of Income II - \$5,000 -
\$24,999

Full-time Part-time

Employer Name City of Bossier City

Employer Address 620 Benton Road
Street Suite #
Bossier City LA 71171-5337
City State Zip Code

Job Description Councilman

Filer Spouse Amount of Income _____

Full-time Part-time

Employer Name _____

Employer Address _____
Street Suite #

City State Zip Code

Job Description _____

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

Aggregate Amount of Income received from the business interests listed on Schedule F III - \$25,000 - \$100,000

Filer
 Spouse

Name of Business Brothers Ventures, LLC

Address 130 Stonebridge Blvd.
Street
City Bossier City State LA Suite # 71111
City State Zip Code

Description of services rendered for the business or a reason the income was received:
Real Estate - Land oil and gas lease rental and interest income

Filer
 Spouse

Name of Business David A. Montgomery, Jr. Insurance

Address 130 Stonebridge BLvd.
Street
City Bossier City State LA Suite # 71111
City State Zip Code

Description of services rendered for the business or a reason the income was received:
Insurance sales and brokerages

Filer
 Spouse

Name of Business Montgomery Agency, Inc.

Address 209 Bennett Street
Street
City Bossier City State LA Suite # 71111
City State Zip Code

Description of services rendered for the business or a reason the income was received:
Insurance sales and interest income

SCHEDULE F
INCOME FROM BUSINESS INTERESTS

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

Aggregate Amount of Income received from the business interests listed on Schedule F I - Less than \$5,000

- Filer
 Spouse

Name of Business Business First

Address 5110 Corporate Blvd.
Street Baton Rouge LA Suite # 70808
City LA State LA Zip Code 70808

Description of services rendered for the business or a reason the income was received:

Member of Board of Directors

- Filer
 Spouse

Name of Business _____

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Description of services rendered for the business or a reason the income was received:

- Filer
 Spouse

Name of Business _____

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Description of services rendered for the business or a reason the income was received:

**SCHEDULE G
OTHER INCOME**

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in value ranges by category), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

Filer Amount of Income I - Less than \$5,000
 Spouse

Description of Income Interest income from Government Bonds

Description of service rendered or the reason the income was received:

None

Filer Amount of Income _____
 Spouse

Description of Income _____

Description of service rendered or the reason the income was received:

Filer Amount of Income _____
 Spouse

Description of Income _____

Description of service rendered or the reason the income was received:

**SCHEDULE H
IMMOVABLE PROPERTY**

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

Filer Spouse Both

Value IV - More
than \$100,000

Location of property:

State Louisiana

Parish/County Bossier

Property Description 130 Stonebridge Blvd.
Bossier City, LA 71111
Residence

Filer Spouse Both

Value IV - More
than \$100,000

Location of property:

State Louisiana

Parish/County Bossier

Property Description 1761 Swan Lake Road
Bossier City, LA 71111
5 acres real estate

Filer Spouse Both

Value III - \$25,000-
\$100,000

Location of property:

State Louisiana

Parish/County East Baton Rouge Parish

Property Description Condominium in Baton Rouge; 1100 sq. ft.
Unit 16-D Building 1708
The Condominiums at Brightside
Baton Rouge, LA

Filer Spouse Both

Value _____

Location of property:

State _____

Parish/County _____

Property Description _____

**SCHEDULE I
INVESTMENT HOLDINGS**

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding 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 or cash equivalent investments. (NOTE: Exclude any 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.)

Individual, Spouse, or Both	Name of Security	Description
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Montgomery Agency, Inc.	24 shares common stock
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Agilent	700 shares common stock
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**SCHEDULE J
TRANSACTIONS**

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any 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. (NOTE: Exclude 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.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	10/14/08	Bought 200 shares of AIG common stock	II - \$5,000 - \$24,999
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			

SCHEDULE K - "NONE"
LIABILITIES

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- 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;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- 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.

Filer Spouse

Name of Creditor _____

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Name of Guarantor (if any) _____