## PERSONAL FINANCIAL DISCLOSURE "TIER 2.1"

#### LSA-R.S. 42:1124.2.1

M ORIGINAL REPO	)RT □ AME	NDED REPORT	This Report Covers Calenda	ır Year 20 <u>11</u>	
☐ I hold multiple off box is checked, filer	ices/positions tha must complete So	t fall under Tier 2.1 a chedule E.	and/or would require a filing u	nder Tier 3.	If this
Full Name of Filer:	David L. Co	olvin			
Mailing Address:	230 Huey P	. Long Ave.			
	Street Gretna	LA	Apt. # 7005	<del></del> 53	
	City	State	Zip C	ode	
Name of Board or Co	ommission_Jef	ferson Parish	Economic Development	(JEDCO)	
Date of Appointment	11/4/2009	Expiration of Appoir	ntment		
Full Name of Spouse				Production and the second	ر ا ان روسد ان روسد
Spouse's Occupation	. Nurse			The state of the s	
Spouse's Principal B	usiness Address,	if any:		مسيو دسة دست	
452	l St. Charle	es Ave.		The second secon	
Street New	Orleans	LA	Suite #	o ∳ seinde • dis • dis • dis	<b>श</b> ाशहे <sub>:</sub>
City		State	Zip Code		
or $\square$ (A) I certify that I	have filed my sta	te income tax return extension of my fed	for the previous year.  for the previous year.  eral income tax return for the pre-	previous year evious year.	r.
interest in any	y entity, contract,	or business, or a pe	my immediate family has a personal or financial relationship impartial performance of my d	n, that in any	ancial y way
	d a statement des	cribing each conflic	t and action I am taking to res	solve or avoid	đ this

[CERTIFICATION OF ACCURACY ON FOLLOWING PAGE]
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#### **CERTIFICATION OF ACCURACY**

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Signature of Filer

### 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 Colvin Law Firm, APLC	Job Title Lawyer/Owner		
Job Description Lawyer			
☐ Filer ☑ Spouse	☑ Full-time  ☐ Part-time		
Employer Name Academy of Sacred Heart	Job Title School Nurse		
Job Description School Nurse			
□ Filer □ Spouse	☐ Full-time ☐ Part-time		
Employer Name	Job Title		
Job Description			
□ Filer □ Spouse	☐ Full-time ☐ Part-time		
Employer Name	Job Title		
Job Description			
□ Filer □ Spouse	☐ Full-time ☐ Part-time		
Employer Name	Job Title		
Job Description			
□ Filer □ Spouse	□ Full-time □ Part-time		
Employer Name	Job Title		
Job Description			

# SCHEDULE B 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 (see instructions for examples) 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 \$ 151,816.00		
Name of Business, if applicable Colvin Law Firm, APLC				
Name of Source of Income Jef	ferson Parish			
Type of Income: ☐ State ■	l Political Subdivision 🗆 Gan	ning Interest		
Address General Governme	nt Building, 200 De	rbigny Street		
Street Gretna	LA	Suite # 70053		
City	State	Zip Code		
☐ Filer ☐ Spouse ☒ Business		Amount of Income \$ 217,897.00		
Name of Business, if applicable Co	olvin Law Firm, APLC			
Name of Source of Income City	of Gretna			
Type of Income: ☐ State ☑	Political Subdivision   Gan	ning Interest		
Address Huey P. Long Ave	₽.			
Street Gretna	T 3	Suite #		
City	LA State	70053 Zîp Code		
☐ Filer ☐ Spouse ☒ Business Amount of Income \$ 55,739				
Name of Business, if applicable Colvin Law Firm, APLC  Jefferson Parish Hospital District No.1,				
Name of Source of Income Paris	•	•		
Type of Income: ☐ State ☐	Political Subdivision   Gan	ning Interest		
Address 1100 Medical C	enter Blvd.			
Street		Suite #		
Marrero City	LA State	70072 Zin Code		
~ <i>y</i>	Julio	ZID COUE		

# SCHEDULE B 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 (see instructions for examples) 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 Of	VLY, the	"amount of income" mu	st be reported as an exact dollar figure.	
☐ Filer ☐ Spouse ☒ Business  Name of Business, if applicable Colvin Law Firm,			Amount of Income \$ 151,816.00	
			APLC	
Name of Source of Inco	meC	ity of Westwego		
Type of Income:	□ State	☑ Political Subdivision	☐ Gaming Interest	
Address 419 Ave.				
Street			Suite #	
Westwe		LA	70094	
City		State	Zip Code	
☐ Filer ☐ Spouse ☐ B	usiness		Amount of Income \$	
Name of Business, if ap	plicable_			
Name of Source of Inco	me			
Type of Income:	☐ State	☐ Political Subdivision	☐ Gaming Interest	
Address				
Street			Suite #	
City		State	Zip Code	
☐ Filer ☐ Spouse ☐ B	usiness		Amount of Income \$	
Name of Business, if ap	plicable_			
Name of Source of Inco				
Type of Income:		☐ Political Subdivision		
Address				
Street			Suite #	
City		State	7in Code	

#### SCHEDULE C 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.

reported as a percentage figure.	<del></del>		
☑ Filer ☑ Spouse		Amount of Interest 100	%
Name of Business Town & Countr	y Title, LLC		
Address 230 Huey P. Long	Ave.		
Street		Suite #	
Gretna	LA	70053	
City	State	Zip Code	
Business Description Title Comp.	any		
Nature of Association Owner/Pres	<b>id</b> ent		
☐ Filer ☑ Spouse		Amount of Interest 100	%
Name of Business Tri Rose, LLC	2		
Address 230 Huey P. Long	g Ave.		
Street		Suite #	
Gretna	LA	70053	
City	State	Zip Code	
Business Description <u>Corporation</u>	n that mainly	invest in real estate	· · ·
Nature of Association Owner			
☑ Filer □ Spouse		Amount of Interest 50	%
Name of Business <u>Marque Proper</u>	ties, LLC		
Address 230 Huey P. Lor			
Street Gretna	T 78	Suite #	
City	LA State	70053	
Business Description	State	Zip Code	
Nature of Association			

### SCHEDULE C 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

E Filer □ Spouse		Amount of Interest 80	%
Name of Business Geaux Pro	perties, LLC		
Address 230 Huey P.	Long Ave.		
Street		Suite #	
Gretna	LA	70053	
City	State	Zip Code	
Business Description			·
Nature of Association			
□ Filer □ Spouse		Amount of Interest	%
Name of Business			
Address			
Street		Suite #	
City	State	Zip Code	
Business Description			
Nature of Association			
□ Filer □ Spouse		Amount of Interest	%
Name of Business		`	
Address			
Street		Suite #	
City Business Description	State	Zip Code	
Nature of Association			

#### SCHEDULE D POSITIONS - NONPROFIT

The name, address, brief description of, and director or officer.	nd nature of association with a nonpro	fit organization in which you or your spouse is a
☐ 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 E OTHER OFFICES/POSITIONS

Please set forth below any and all other office/positions held which would require multiple filings under Section 1124.2.1 (Tier 2.1) and/or a filing under Section 1124.3 (Tier 3) of the Code of Governmental Ethics. Please note that only one financial disclosure report shall be filed by the filer and such report shall be filed under the highest Tier (with Tier 1 being the highest, then Tier 2, then Tier 2.1 and Tier 3 being the lowest).

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NAME OF POSITION OR	NONE		
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#### SCHEDULE F CONTRIBUTIONS

Any filer required to file a La R.S. 42:1124.2.1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose:

1) the date of appointment; 2) any compensation provided for such position; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

\* Only those contributions or loans made within one (1) year of appointment are required to be disclosed.

\* See the instruction page for applicable definitions.

Date of appointment: 11/4/2009	Candidate name: Elton Lagasse
Compensation: §	Amount of contribution or loan: \$4,000.00
Date of appointment: 11/4/2009	Candidate name: John Young
Compensation: \$	Amount of contribution or loan: \$1,600.00
Date of appointment: 11/4/2009	Candidate name: Chris Roberts
Compensation: \$	Amount of contribution or loan: \$600.00
Date of appointment: 11/4/2009	Candidate name: Cynthia Lee-Sheng
Compensation: \$	Amount of contribution or loan: \$1,000.00
Date of appointment: 11/4/2009	Candidate name: Thomas Capella
Compensation: \$	Amount of contribution or loan: \$ 1,500.00
Date of appointment: 11/4/2009	Candidate name: <u>Aaron Broussard</u>
Compensation: \$	Amount of contribution or loan: \$2,000.00
Date of appointment:	Candidate name:
Compensation: \$	Amount of contribution or loan: \$