



BL/gf

# PERSONAL FINANCIAL DISCLOSURE

## "TIER 2.1"

LSA-R.S. 42:1124.2.1

2011 MAY 10 11:24:21

ORIGINAL REPORT     AMENDED REPORT    This Report Covers Calendar Year 2010

I hold multiple offices/positions that fall under Tier 2.1 and/or would require a filing under Tier 3. If this box is checked, filer must complete Schedule E.

Full Name of Filer: BROBSON LUTZ, M.D.

Mailing Address: 2622 JENA ST.  
Street Apt. #  
NEW ORLEANS, LA. 70115  
City State Zip Code

Name of Board or Commission ORLEANS PARISH COMMUNICATION DISTR.

Date of Appointment 2003 Expiration of Appointment —

Full Name of Spouse: N/A

Spouse's Occupation: \_\_\_\_\_

Spouse's Principal Business Address, if any:

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.

I do hereby certify that neither I nor any member of my immediate family has a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.

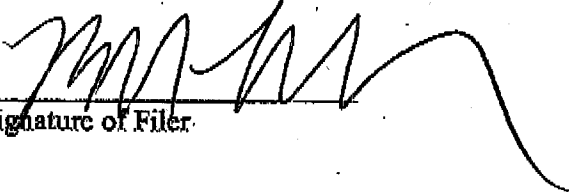
OR

I have attached a statement describing each conflict and action I am taking to resolve or avoid this conflict.

[CERTIFICATION OF ACCURACY ON FOLLOWING PAGE]

**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 DRS. Combs & Lutz LLC Job Title MEDICAL DOCTOR

Job Description PHYSICIAN - INTERNAL MEDICINE &  
INFECTIOUS DISEASE

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 \_\_\_\_\_

Filer  Spouse

Full-time  Part-time

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Job Description \_\_\_\_\_

N/A

**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 \$ \_\_\_\_\_

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

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 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.

Filer  Spouse

Amount of Interest 50.0%

Name of Business DRS. COMBS & LUTZ, LLC

Address 2622 JENA ST.

Street

Suite #

NEW ORLEANS LA.

70115

City

State

Zip Code

Business Description MEDICAL DOCTORS PRACTICE

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

State

Zip Code

Business Description \_\_\_\_\_

Nature of Association \_\_\_\_\_

**SCHEDULE D  
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 (MEMBER SINCE 2003 - PRESENT)

Name of Organization ORLEANS PARISH COMMUNICATION DISTRICT

Nature of Association NEW ORLEANS EMERGENCY RESPONSE

Address 118 CITY PARK AVENUE

Street

Suite #

NEW ORLEANS LA.

70119

City

State

Zip Code

Organization Description 9-1-1 RESPONSE FOR ORLEANS PARISH

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).

NAME OF POSITION OR OFFICE HELD:

VICE-CHAIRMAN, BOARD OF COMMISSIONERS  
ORLEANS PARISH COMMUNICATION DISTRICT

**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: 2003

Candidate name: MITCH LANDRIEU

Compensation: \$ - 0 -

Amount of contribution or loan: \$ 5000.<sup>00</sup>  
(3/9/2010)

Date of appointment: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Amount of contribution or loan: \$ \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Compensation: \$ \_\_\_\_\_

Amount of contribution or loan: \$ \_\_\_\_\_