

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

MAY 16 PM 5:23

PERSONAL FINANCIAL DISCLOSURE
"TIER 2.1"

LSA-R.S. 42:1124.2.1

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 20 10

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: DWAYNE G. BERNAL

Mailing Address: 601 ELYSIAN FIELDS AVE
Street
NEW ORLEANS LA Apt. # 70117
City State Zip Code

Name of Board or Commission NOLA BUSINESS ALLIANCE

Date of Appointment 10/2010 Expiration of Appointment _____

Full Name of Spouse: N/A

Spouse's Occupation: N/A

Spouse's Principal Business Address, if any:
N/A
Street Suite #
City State Zip Code

Select One: (A) I certify that I have filed my federal income tax return for the previous year.
 (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: (B) I certify that I have filed my state 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

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: [Handwritten Signature]

**SCHEDULE A
EMPLOYMENT INFORMATION**

Check if Not Applicable

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.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name	ROYAL ENGINEERS AND CONSULTANTS		Job Title
			PRESIDENT
Job Description	KEY MANAGEMENT, STRATEGIC DECISIONS, BUSINESS DEVELOPMENT		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title
Job Description			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title
Job Description			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title
Job Description			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title
Job Description			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title
Job Description			

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

Check if Not Applicable

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.

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Business	Amount of Income \$ <u>1,118,070.64</u>
Name of Business, if applicable		<u>ROYAL ENGINEERS AND CONSULTANTS (ROYAL)</u>	
Name of Source of Income		<u>CAMERON PARISH GOVERNMENT</u>	
Type of Income:	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Political Subdivision	<input type="checkbox"/> Gaming Interest
Address	<u>P.O. BOX 1280</u>		
Street	City	State	Suite # Zip Code
	<u>CAMERON</u>	<u>LA</u>	<u>70031</u>
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Business	Amount of Income \$ <u>26,201.50</u>
Name of Business, if applicable		<u>ROYAL</u>	
Name of Source of Income		<u>OFFICE OF COASTAL PROTECTION AND RESTORATION</u>	
Type of Income:	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Political Subdivision	<input type="checkbox"/> Gaming Interest
Address	<u>P.O. BOX 44027</u>		
Street	City	State	Suite # Zip Code
	<u>BATON ROUGE</u>	<u>LA</u>	<u>70804</u>
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Business	Amount of Income \$ <u>42,044.24</u>
Name of Business, if applicable		<u>ROYAL</u>	
Name of Source of Income		<u>REGIONAL TRANSIT AUTHORITY</u>	
Type of Income:	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Political Subdivision	<input type="checkbox"/> Gaming Interest
Address	<u>8225 WILLOW STREET</u>		
Street	City	State	Suite # Zip Code
	<u>NEW ORLEANS</u>	<u>LA</u>	<u>70118</u>

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

Check if Not Applicable

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 \$ 81,608.41

Name of Business, if applicable Royal

Name of Source of Income SEWERAGE AND WATER BOARD NEW ORLEANS

Type of Income: State Political Subdivision Gaming Interest

Address 625 SAINT JOSEPH STREET
Street Suite #

NEW ORLEANS LA 70165
City State Zip Code

Filer Spouse Business Amount of Income \$ 2,332,939.90

Name of Business, if applicable Royal

Name of Source of Income ST. BERNARD PARISH GOVERNMENT

Type of Income: State Political Subdivision Gaming Interest

Address 8201 WEST JUDGE PEREZ DRIVE
Street Suite #

CHALMETTE LA 70013
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 #

_____ LA _____
City State Zip Code

SCHEDULE C POSITIONS - BUSINESS

Check if Not Applicable

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.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	<u>51</u>	%
Name of Business <u>ROYAL ENGINEERS AND CONSULTANTS, LLC</u>					
Address <u>601 ELYSIAN FIELDS AVE</u>					
Street			Suite #		
<u>NEW ORLEANS</u>		<u>LA</u>	<u>70117</u>		
City		State	Zip Code		
Business Description <u>CIVIL DESIGN ENGINEERING FIRM</u>					
Nature of Association <u>OWNER / PRESIDENT</u>					
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	<u>100</u>	%
Name of Business <u>GAINES INVESTMENTS, LLC</u>					
Address <u>601 ELYSIAN FIELDS AVE</u>					
Street			Suite #		
<u>NEW ORLEANS</u>		<u>LA</u>	<u>70117</u>		
City		State	Zip Code		
Business Description <u>INVESTMENT HOLDINGS</u>					
Nature of Association <u>OWNER</u>					
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest		%
Name of Business _____					
Address _____					
Street			Suite #		
City		State	Zip Code		
Business Description _____					
Nature of Association _____					

**SCHEDULE D
POSITIONS - NONPROFIT**

Check if Not Applicable

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.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		
Nature of Association _____		
Address _____		
Street _____	Suite # _____	
City _____	State _____	Zip Code _____
Organization Description _____		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		
Nature of Association _____		
Address _____		
Street _____	Suite # _____	
City _____	State _____	Zip Code _____
Organization Description _____		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		
Nature of Association _____		
Address _____		
Street _____	Suite # _____	
City _____	State _____	Zip Code _____
Organization Description _____		

**SCHEDULE E
OTHER OFFICES/POSITIONS**

Check if Not Applicable

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:

FRENCH MARKET CORPORATION, BOARD MEMBER

UPPER PONTALBA BUILDING RESTORATION CORPORATION,
BOARD MEMBER

**SCHEDULE F
CONTRIBUTIONS**

Check if Not Applicable

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: <u>10/2010</u>	Candidate Name: <u>JOHN D. JOHNSON</u>
Compensation: <u>0</u>	Amount of contribution or loan: <u>\$1000.00</u>
Date of Appointment: <u>10/2010</u>	Candidate Name: <u>MITCH LANDRIEU</u>
Compensation: <u>0</u>	Amount of contribution or loan: <u>\$5000.00</u>
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: _____