

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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2011 MAY 19 PM 1:24

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: ANDREW WONG

Mailing Address: 834 LAKESHORE PARKWAY
Street Apt. #

NEW ORLEANS LA 70124
City State Zip Code

Name of Board or Commission: NO LA BUSINESS ALLIANCE

Date of Appointment NOVEMBER, 2010 Expiration of Appointment NOVEMBER, 2011

Full Name of Spouse: DONNA SMORN BUSYARUSMEE

Spouse's Occupation: SELF EMPLOY

Spouse's Principal Business Address, if any:

18/43 RAK INTRA ROAD
Street Suite #

BANGKOK THAILAND
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]
Signature of Filer

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 <u>JAZZMAN RICE, LLC</u> | Job Title <u>CEO</u> |
| Job Description <u>MANAGE THE COMPANY</u> | |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time |
| Employer Name <u>BACK HOME CONSTRUCTION, LLC</u> | Job Title <u>MEMBER</u> |
| Job Description <u>INACTIVE</u> | |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time |
| Employer Name <u>C N H INTERNATIONAL TRAINING</u> | Job Title <u>MEMBER</u> |
| Job Description _____ | |
| <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse | <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Employer Name <u>CAR DE CINO, BANGKOK, THAILAND</u> | Job Title <u>OWNER</u> |
| Job Description <u>MANAGE THE RESTAURANT</u> | |
| <input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse | <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time |
| Employer Name <u>MERCEDES BENE RAM INTRA, BANGKOK THAILAND</u> | Job Title <u>DIRECTOR</u> |
| Job Description <u>DIRECTOR</u> | |
| <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 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>37.5%</u> % |
| Name of Business <u>JAZZMEN RICE, LLC</u> | |
| Address <u>3600 ST. CHARLES AVE</u> <u>101</u> | |
| Street | Suite # |
| <u>NEW ORLEANS</u> | <u>LA</u> |
| City | State |
| | <u>70115</u> |
| | Zip Code |
| Business Description <u>MARKETING RICE</u> | |
| Nature of Association <u>OWNER</u> | |
| | |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | Amount of Interest <u>25%</u> % |
| Name of Business <u>BASIC HOME CONSTRUCTION, LLC</u> | |
| Address <u>3600 ST. CHARLES AVE</u> <u>101</u> | |
| Street | Suite # |
| <u>NO</u> | <u>LA</u> |
| City | State |
| | <u>70115</u> |
| | Zip Code |
| Business Description <u>CONTRACTOR</u> | |
| Nature of Association <u>MEMBER</u> | |
| | |
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | Amount of Interest <u>50%</u> % |
| Name of Business <u>SNIK INTERNATIONAL TRADING, LLC</u> | |
| Address <u>5966 HIGHWAY 190</u> <u></u> | |
| Street | Suite # |
| <u>EUNICE</u> | <u>LA</u> |
| City | State |
| | <u>70535</u> |
| | Zip Code |
| Business Description <u>MARKETING SEAFOOD</u> | |
| Nature of Association <u>MEMBER</u> | |

**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 type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input checked="" type="checkbox"/> Both | Amount of Interest | 100 % |
| Name of Business <u>CAFE DE CINO</u> | | | | |
| Address <u>18/43 RAM INTRA ROAD</u> | | | | |
| Street | | | Suite # | |
| <u>BANGKOK</u> | | | <u>THAILAND</u> | |
| City | | | Zip Code | |
| Business Description <u>RESTAURANT</u> | | | | |
| Nature of Association _____ | | | | |
| | | | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both | Amount of Interest | _____ % |
| Name of Business _____ | | | | |
| Address _____ | | | | |
| Street | | | Suite # | |
| City | | | State | |
| City | | | Zip Code | |
| Business Description _____ | | | | |
| Nature of Association _____ | | | | |
| | | | | |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both | Amount of Interest | _____ % |
| Name of Business _____ | | | | |
| Address _____ | | | | |
| Street | | | Suite # | |
| City | | | State | |
| City | | | 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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse | | |
| Name of Organization <u>ASIAN CHAMBER OF COMMERCE OF LOUISIANA</u> | | |
| Nature of Association <u>PROMOTE ASIAN OWN BUSINESS</u> | | |
| Address <u>3500 N. CAUSEWAY BLVD,</u> | | <u>1548</u> |
| Street | | Suite # |
| <u>METAIRIE</u> | <u>LA</u> | <u>70002</u> |
| City | State | Zip Code |
| Organization Description <u>PROMOTE ASIAN OWN BUSINESS</u> | | |
| <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 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: _____ | 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: _____ |

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>August 13, 2010</u> | Candidate Name: <u>Mitch Landry Re-election</u> |
| Compensation: <u>- 0 -</u> | Amount of contribution or loan: <u>\$ 2500</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: _____ |