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PERSONAL FINANCIAL DISCLOSURE

"TIER 2.1"

LSA-R.S. 42:1124.2.1

ORIGINAL REPORT AMENDED REPORT This Report Covers Calendar Year 20__

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: RONALD V. BURNS, SR.

Mailing Address: 6350 EASTOVER DRIVE
Street Apt. #
NEW ORLEANS, LOUISIANA 70128
City State Zip Code

Name of Board or Commission HOSPITAL SERVICES-DISTRICT A - PARISH OF ORLEANS

Date of Appointment 7/01/2011 Expiration of Appointment DISCRETIONARY

Full Name of Spouse: SHEILA B. BURNS

Spouse's Occupation: BUSINESS OWNER

Spouse's Principal Business Address, if any:
6600 PLAZA DRIVE 307
Street Suite #
NEW ORLEANS, LOUISIANA 70127
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]

Page 1 of ____

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

Page 2 of ____

**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 GLOBAL PARKING SYSTEMS Job Title PRESIDENT-CEO

Job Description MANAGEMENT OF PARKING MANAGEMENT COMPANY

Filer Spouse Full-time Part-time

Employer Name QCS LOGISTICS Job Title PRESIDENT-CEO

Job Description MANAGEMENT OF COURIER DELIVERY COMPANY

Filer Spouse Full-time Part-time

Employer Name GLOBAL PARKING SYSTEMS Job Title VICE PRESIDENT

Job Description MANAGEMENT OF PARKING MANAGEMENT COMPANY

Filer Spouse Full-time Part-time

Employer Name QCS LOGISTICS Job Title VICE PRESIDENT

Job Description MANAGEMENT OF COURIER DELIVERY COMPANY

Filer Spouse Full-time Part-time

Employer Name _____ Job Title _____

Job Description _____

Filer Spouse Full-time Part-time

Employer Name _____ Job Title _____

Job Description _____

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**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 \$ 30,586 (net)

Name of Business, if applicable GLOBAL PARKING SYSTEMS

Name of Source of Income NEW ORLEANS AVIATION BOARD

Type of Income: State Political Subdivision Gaming Interest

Address 900 EAST AIRLINE DRIVE
Street Suite #
KENNER, LOUISIANA 70062
City State Zip Code

Filer Spouse Business Amount of Income \$ 104,075 (net)

Name of Business, if applicable QCS LOGISTICS

Name of Source of Income ORLEANS PARISH SCHOOL BOARD

Type of Income: State Political Subdivision Gaming Interest

Address 3500 GEN. DEGAULLE DRIVE
Street Suite #
NEW ORLEANS LOUISIANA 70114
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

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**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 \$ 30,586 (NET)

Name of Business, if applicable GLOBAL PARKING SYSTEMS

Name of Source of Income NEW ORLEANS AVIATION BOARD

Type of Income: State Political Subdivision Gaming Interest

Address 900 EAST AIRLINE DRIVE
Street
KENNER, LOUISIANA Suite # 70062
City State Zip Code

Filer Spouse Business Amount of Income \$ 104,075 (NET)

Name of Business, if applicable OCS LOGISTICS

Name of Source of Income ORLEANS PARISH SCHOOL BOARD

Type of Income: State Political Subdivision Gaming Interest

Address 3500 GEN. DEGAULLE DRIVE
Street
NEW ORLEANS, LOUISIANA Suite # 70114
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 49 %

Name of Business GLOBAL PARKING SYSTEMS

Address 6600 PLAZA DRIVE 307
Street NEW ORLEANS LOUISIANA Suite # 70127
City State Zip Code

Business Description PARKING MANAGEMENT AND TRANSPORTATION COMPANY

Nature of Association OWNER - VICE PRESIDENT

Filer Spouse Amount of Interest 25 %

Name of Business QCS LOGISTICS

Address 6600 PLAZA DRIVE 307
Street NEW ORLEANS LOUISIANA Suite # 70127
City State Zip Code

Business Description COURIER DELIVERY AND LOGISTICS COMPANY

Nature of Association OWNER - VICE PRESIDENT

Filer Spouse Amount of Interest _____ %

Name of Business _____

Address _____
Street Suite #

City State Zip Code

Business Description _____

Nature of Association _____

Page ____ of ____

**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

Name of Organization NONE

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 _____

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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:

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: 7/1/11

Candidate name: MITCH LANDRIEU-MAYOR

Compensation: \$ _____

Amount of contribution or loan: \$ 1,000.00

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: \$ _____

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