

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 2012

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: Joseph Ignatius Giannusa III

Mailing Address: 6342 Colgate Street
Street Apt. #
New Orleans LA 7004
City State Zip Code

Name of Board or Commission Lakeview Crime Prevention District

Date of Appointment 10/2/11 Expiration of Appointment _____

Full Name of Spouse: Catherine Fernina Giannusa

Spouse's Occupation: Attorney

Spouse's Principal Business Address, if any:

909 Poydras 24th Floor
Street Suite #
New Orleans LA 70112
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 WISKEY: LEWIS Job Title SHAREHOLDER

Job Description ATTORNEY

Filer Spouse Full-time Part-time

Employer Name BARNETT WLOIN KUNENOW Job Title CA COUNCIL

Job Description ATTORNEY

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 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

①

Name of Organization BUREAU OF GOVERNMENTAL RESEARCH

Nature of Association MUNICIPAL BOARD MEMBER

Address 938 LAFAYETTE STREET Suite # 200
NEW ORLEANS LA 70113
City State Zip Code

Organization Description INDEPENDENT RESEARCH ORGANIZATION DEDICATED TO IMPROVED PUBLIC POLICY MAKING AND THE EFFECTIVE USE OF RESOURCES FOR IMPROVEMENT OF GOVERNANCE IN NEW ORLEANS AREA.

Filer Spouse

②

Name of Organization YOUNG LEADERSHIP COUNCIL

Nature of Association PART PASSIENS

Address 1840 EURENCE Suite #
NEW ORLEANS LA 70113
City State Zip Code

Organization Description NON-PARTISAN ORGANIZATION DEDICATED TO CREATING LEADERSHIP OPPORTUNITIES THROUGH COMMUNITY PROJECTS.

Filer Spouse

③

Name of Organization KIPP: NEW ORLEANS

Nature of Association BOARD MEMBER, DEVELOPMENT CHAIR

Address 3820 SAINT CLAUDE AVENUE Suite #
NEW ORLEANS LA 70117
City State Zip Code

Organization Description CHARTER SCHOOL

④ CENTRAL CITY PARTNERSHIP
- BOARD MEMBER
- IMPROVEMENT OF CENTRAL CITY