

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

ORIGINAL REPORT

**This Report Covers Calendar Year:** 2020

AMENDED REPORT

FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY  ])

A final reports must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: BESE

NAME OF FILER (print full name): Kira Orange Jones

Mailing Address : 2419 Dauphine Street

City, State, Zip: New Orleans, LA 70117

NAME OF SPOUSE(if applicable)(print full name): Christopher Ruszkowski

Spouse's Occupation: Organizational Advisor

Spouse's Principal Business Address: 11 Tequilla Sunrise

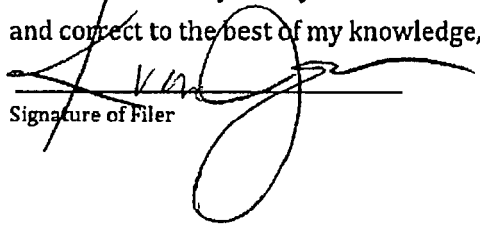
City, State, Zip: Santa Fe, NM 87506

**CHECK ALL THAT APPLY**

- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.

**CERTIFICATE OF ACCURACY**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

  
Signature of Filer

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

 Filer  Spouse  Full-Time  Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

- \* You are required to disclose employment information related to both you and your spouse (if applicable).
- \* List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- \* Self-employment information is reported on Schedule B.

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### Schedule B: Positions - Business

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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### Schedule C: Positions - Nonprofit

Check if not applicable

Filer     Spouse

Name of Organization: Stand For Children

Address: 21st SW

City, State, Zip: Portland, OR

Nature of Association: Board Member

Mission is to ensure children have access to high quality educational and life oportunties

Description of Organization: \_\_\_\_\_

Filer     Spouse

Name of Organization: Instruction Partners

Address: 604 Gallatin Ave

City, State, Zip: Nashville, TN

Nature of Association: Board Member

Mission is to support educators to improve instruction

Description of Organization: \_\_\_\_\_

Filer     Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Description of Organization: \_\_\_\_\_

**\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

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### Schedule D: Other Offices/Positions Held

Check if not applicable

Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

\* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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**Schedule E: Immovable Property**

Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)

Filer  Spouse  Both

Location of Property:

State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

Filer  Spouse  Both

Location of Property:

State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

Filer  Spouse  Both

Location of Property:

State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

\* You are required to disclose the location by state and parish/county.  
 \* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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## Schedule F: Income from the State, Political Subdivisions, and/or Gaming Interests

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: <u>BESE Per Diem</u> Address: <u>1201 n3rd Street</u> City, State, Zip: <u>Baton Rouge, LA</u> Amount of Income (exact dollar amount): \$ <u>2180.00</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

- \* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000) Filer  Spouse  Full-time  Part-timeName of Employer: Stanford UniversityAddress: 434 Galvez MallCity, State, Zip: Stanford, CA 94305Nature of services (pursuant to such employment): Organizational AdvisorAmount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000) Filer  Spouse  Full-time  Part-timeName of Employer: Harvard University vis AllsourceAddress: 50 Church StreetCity, State, Zip: Cambridge, MA 02138Nature of services (pursuant to such employment): Organizational AdvisorAmount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

\* You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.

\* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.



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## Schedule H: Income Received From Business

Check if not applicable

### AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:

- Category I (less than \$5,000)   
 Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)   
 Category IV (more than \$100,000)

Filer     Spouse

Name of Business: Branch Alliance

Address: 7500 Realto Blvd., Suite 1-270

City, State, Zip: Austin, TX 78735

Nature of services rendered or reason income was received: Organizational Advisor

Filer     Spouse

Name of Business: Ed Connective

Address: 5925 Shallow Way

City, State, Zip: Richmond, Virginia 23224

Nature of services rendered or reason income was received: Organizational Advisor

Filer     Spouse

Name of Business: Meeting Street Schools

Address: 200 Meeting Street

City, State, Zip: Charleston, SC 29402

Nature of services rendered or reason income was received: Organizational Advisor

Filer     Spouse

Name of Business: Grand Isle, LLC

Address: 2223 St. Thomas Street

City, State, Zip: New Orleans, LA 70130

Nature of services rendered or reason income was received: Advisor supporting education efforts

- \* You are required to complete SCHEDULE H if you or your spouse received income from a business.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.
- \* Income received through *self-employment* is reported on SCHEDULE H.
- \* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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(any other income that exceeds \$1,000)

 Filer  Spouse

Description of Income:

Pahara Institute

Nature of services rendered or reason income was received:  
moderating for educatorsAmount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000) Filer  Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000) Filer  Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

\* You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\* Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.

\* Income from retirement accounts not reported on Schedule F should be included on Schedule I.

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### Schedule J: Investment Holdings

Check if not applicable (an investment holding that exceeds \$5,000)

Filer  Spouse  Both

Name of Security:

Description of Security:

Filer  Spouse  Both

Name of Security:

Description of Security:

Filer  Spouse  Both

Name of Security:

Description of Security:

- \* You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.
- \* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- \* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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(a transaction that exceeds \$5,000)

 Filer  Spouse  Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000) Filer  Spouse  Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000) Filer  Spouse  Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

\* You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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### Schedule L: Liabilities

Check if not applicable (a liability that exceeds \$10,000)

Filer  Spouse

Name of Creditor: Capital One

Address: PO Box 30285

City, State, Zip: SALT LAKE CITY 30285

Name of Guarantor (If applicable): \_\_\_\_\_

Filer  Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

Filer  Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

Filer  Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\* You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*\*"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

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### Schedule M: Positions - Business

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable

Filer     Spouse     Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Amount of Interest: \_\_\_\_\_ %

Filer     Spouse     Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Amount of Interest: \_\_\_\_\_ %

Filer     Spouse     Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Amount of Interest: \_\_\_\_\_ %

- \* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- \* You are required to disclose information related to ownership interest in a business *regardless of the percentage of ownership*.
- \* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- \* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

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## Schedule N: Income from the State and/or Political Subdivisions

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)

Filer     Spouse     Business

Type of Income:     State     Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

Filer     Spouse     Business

Type of Income:     State     Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

Filer     Spouse     Business

Type of Income:     State     Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

- \* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- \* You are required to disclose all income received by a business in which you or your spouse received *regardless of the percentage of ownership in the business*.
- \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

<p align="center"><b>LOUISIANA BOARD OF ETHICS</b>          Post Office Box 4368          Baton Rouge, Louisiana 70821</p>
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### Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____  Nature of Contract/Sub-Contract: _____  Value (of thing of economic value) Derived: _____

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived. "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).