

LOUISIANA BOARD OF ETHICS

Mail: P.O. Box 4368, Baton Rouge, LA 70821

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>

(ANNUAL) TIER 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT

This Report Covers Calendar Year: 2022

ORIGINAL REPORT

AMENDED REPORT

FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY , 20)

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.

Elected Office Position or Charter School Name: Einstein Charter Group

Date of Appointment/Term: _____

Date Appointment Expires/Term Ends: N/A

Name (print full name): Dwight Laurent

Mailing Address: 1515 S. Balcedo St Suite 210

City, State, Zip: New Orleans, LA 70125

Name of Spouse(if applicable) (print full name): _____

Spouse's Occupation _____

Principal Business Address: _____

City, State, Zip : _____

Check all that apply:

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.

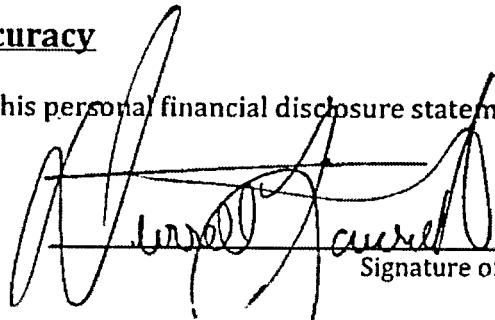
I have filed my state income tax return for the previous year.

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

NOTE: La. R.S. 42:1124.3 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification 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 and belief.


Signature of Filer

Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>CNC Claims</u> Job Title: <u>Claims Adjuster</u> Job Description: <u>Adjust Insurance Claims</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>Louisiana Citizens</u> Job Title: <u>Claims Adjuster</u> Job Description: <u>Adjust Insurance Claims</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time Name of Employer: <u>City of New Orleans</u> Job Title: <u>Constituent Services Liaison</u> Job Description: <u>Provide liaison services to Community members</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> 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.

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**Schedule B: Filer/Spouse Income from the State,
Political Subdivisions, and/or Gaming Interests**

Check if not applicable

(income which exceeded \$250 from each source)

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: <u>City of New Orleans</u> Address: <u>1300 Perdido St.</u> City, State, Zip: <u>New Orleans, LA 70112</u> Amount of Income (exact dollar amount): \$ <u>22,729.52</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B 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.

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

*The definition for (and examples of) political subdivision, gaming interest, and business are found in the *Instructions Section* of this form.

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Schedule C: Income from Gaming Interests to Business

(income which exceeded \$250 from each source)

Check if not applicable

<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	

* You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* The definition for gaming interest and business are found in the *Instructions Section* of this form.

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Schedule D: Contract between Business and State/Political Subdivision

Check if not applicable

<input type="checkbox"/> Business	Name of business: _____
Amount or Value of Contract	_____
Duration of Contract:	_____
Description of goods or service provided:	_____
<input type="checkbox"/> Business	Name of business: _____
Amount or Value of Contract	_____
Duration of Contract:	_____
Description of goods or service provided:	_____
<input type="checkbox"/> Business	Name of business: _____
Amount or Value of Contract	_____
Duration of Contract:	_____
Description of goods or service provided:	_____
<input type="checkbox"/> Business	Name of business: _____
Amount or Value of Contract	_____
Duration of Contract:	_____
Description of goods or service provided:	_____

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- The definition for business and political subdivision are found in the *Instructions Section* of this form.