

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 03:56PM P1

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

# TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2013

ORIGINAL REPORT

AMENDED REPORT

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 L.

Office Sought: MAYOR, CITY OF KENNER

Incumbent:  Yes  No

Date of Election: 04/05/14

Date Qualified: 02/13/14

Name of Filer (print full name): WALTER A. "WALT" BENNETT

Mailing Address: 3009 ILLINOIS AVE

City, State, Zip: Kenner, LA 70065

Name of Spouse (print full name): N/A

Spouse's Occupation: \_\_\_\_\_

Spouse's Principal Business Address: \_\_\_\_\_

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

Check all that apply:

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

*2013 Taxes not due yet.*

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.

**NOTE:** La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

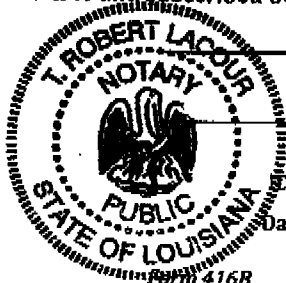
## Certificate of Accuracy

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

*Walter A. Bennett*

Signature of Filer

Sworn to and subscribed before me on this 20th day of February, 2014.



\_\_\_\_\_  
Notary Public (print name)  
**T. ROBERT LACOUR**  
Attorney & Notary Public #92877  
3220 Williams Boulevard, Kenner  
Jefferson Parish, Louisiana  
Date Commission Issued: \_\_\_\_\_  
My Commission Is Issued For: \_\_\_\_\_

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 03:57PM P2

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 Baton Rouge, Louisiana 70821

### Schedule A: Employment Information

Filer    Spouse                       Full-Time    Part-Time

Job Title: \_\_\_\_\_ *N/A* \_\_\_\_\_

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

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

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

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

Filer    Spouse                       Full-Time    Part-Time

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

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

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

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

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

Filer    Spouse                       Full-Time    Part-Time

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

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

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

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

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

Filer    Spouse                       Full-Time    Part-Time

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

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

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

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

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

- You are required to disclose employment information related to both you and your spouse.
- 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.

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 03:58PM P1

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### SCHEDULE B: POSITIONS - BUSINESS

Filer    Spouse    Both

*N/A*

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

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

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

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

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

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

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

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

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

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

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

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

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

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

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

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

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

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

Filer    Spouse    Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

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, 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, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 03:58PM P2

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### Schedule C: Positions – Nonprofit

Filer     Spouse

Name of Organization: CITIZENS FOR A BETTER KENNER, Inc.

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

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

Nature of Association: PRESIDENT (NOTE: this is an unpaid position)

Description of Organization: CITIZENS group that seeks to improve the quality of life in Kenner.

Filer     Spouse

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

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

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

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

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

Filer     Spouse

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

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

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

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

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 agency.

FROM :504.472.0668

FAX NO. :504-472-0668

Feb.20 2014 03:59PM P3

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Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests**

Filer  Spouse  Business (where amount of interest exceeds 10%)

Type of Income:  State  Political Subdivision  Gaming Interest

Name of Business (if applicable): N/A

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

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

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

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

Filer  Spouse  Business (where amount of interest exceeds 10%)

Type of Income:  State  Political Subdivision  Gaming Interest

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

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

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

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

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

Filer  Spouse  Business (where amount of interest exceeds 10%)

Type of Income:  State  Political Subdivision  Gaming Interest

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

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

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

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

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

Filer  Spouse  Business (where amount of interest exceeds 10%)

Type of Income:  State  Political Subdivision  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 D if you or your spouse received income 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.

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 03:59PM P4

**LOUISIANA BOARD OF ETHICS**  
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### Schedule E: Income Received from Employment

Filer    Spouse    Full-time    Part-time   *N/A*

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

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

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

Nature of Services (pursuant to such employment): \_\_\_\_\_

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    Full-time    Part-time

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

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

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

Nature of Services (pursuant to such employment): \_\_\_\_\_

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    Full-time    Part-time

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

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

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

Nature of Services (pursuant to such employment): \_\_\_\_\_

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    Full-time    Part-time

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

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

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

Nature of Services (pursuant to such employment): \_\_\_\_\_

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 E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* "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.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

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

Schedule F: Income Received From Business Interests

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

- 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: N/A
Address:
City, State, Zip:
Nature of services rendered or reason income was received:

Filer Spouse
Name of Business:
Address:
City, State, Zip:
Nature of services rendered or reason income was received:

Filer Spouse
Name of Business:
Address:
City, State, Zip:
Nature of services rendered or reason income was received:

Filer Spouse
Name of Business:
Address:
City, State, Zip:
Nature of services rendered or reason income was received:

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.
\* "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.
\* Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.
Revised 10/10/09 2/07 Form 5-12B www.ethics.state.la.us

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

Schedule G: Other Income (any other income that exceeds \$1,000 from each source)

Filer Spouse
Description of Income: N/A
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)

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 G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.
\* "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.
\* 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 D, E, or F does not have to be restated on SCHEDULE G.

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 04:02PM P1

**LOUISIANA BOARD OF ETHICS**  
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 Baton Rouge, Louisiana 70821

**Schedule H: Immovable Property** (a property that exceeds \$2,000 in value)

Filer    Spouse    Both

Location of Property *N/A*

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

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

---

Fair Market Value    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 or Use Value:    Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Both

Location of Property

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

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

---

Fair Market Value    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 or Use Value:    Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Both

Location of Property

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

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

---

Fair Market Value    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 or Use Value:    Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

Filer    Spouse    Both

Location of Property

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

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

---

Fair Market Value    Category I (less than \$5,000)    Category II (\$5,000-\$24,999)  
 or Use Value:    Category III (\$25,000-\$100,000)    Category IV (more than \$100,000)

\*You are required to disclose the location by country, 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.)



FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 04:02PM P2

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule I: Investment Holdings** (an investment holding that exceeds \$5,000)

Filer    Spouse    Both

Name of Security: \_\_\_\_\_ *N/A* \_\_\_\_\_

Description of Security: \_\_\_\_\_

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 I 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.

FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 04:02PM P3

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

### Schedule J: Transactions (a transaction that exceeds \$5,000)

Filer    Spouse    Both

Transaction Date: \_\_\_\_\_ *N/A*

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)

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 J 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 (which exceeds \$5,000 each).

\* 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.



FROM : 504.472.0668

FAX NO. : 504-472-0668

Feb. 20 2014 04:03PM P5

**LOUISIANA BOARD OF ETHICS**  
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### Schedule L: Other Offices/Positions Held

Name of Office/Position: N/A

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 L 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.