

PERSONAL FINANCIAL DISCLOSURE
"TIER 2"
LSA-R.S. 42:1124.2

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought State Representative
Date of Election _____ Date of Qualifying _____

Full Name of Filer: John F Labruzzo, Jr.

Full Name of Spouse: Brandi M. Labruzzo

Mailing Address: 1427 Choctaw Ave
Street Metairie LA Apt. # 70005
City State Zip Code

Spouse's Occupation: Attorney

Spouse's Principal Business Address, if any:
3421 N. Causeway Blvd. 900
Street Metairie LA Suite # 70002
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.

CERTIFICATION OF ACCURACY

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

John Labruzzo
Signature of Filer

Sworn to and subscribed before me this 15th day of May, 2009.

Craig R. Watson
Notary Public
Printed Name: Craig R. Watson
ID# 29473

Commission Expires upon death

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 LA House of Representatives Job Title State Rep.

Employer Address State capt. Suite # _____

Baton Rouge, LA City State Zip Code

Job Description Legislator

Filer Spouse Full-time Part-time

Employer Name Blue Williams, LLP Job Title Attorney

Employer Address 3421 N. Causeway Blvd. 900 Suite # _____

Metairie LA City State Zip Code 70002

Job Description Attorney

Filer Spouse Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____ Suite # _____

_____ City State Zip Code

Job Description _____

Filer Spouse Full-time Part-time

Employer Name _____ Job Title _____

Employer Address _____ Suite # _____

_____ City State Zip Code

Job Description _____

**SCHEDULE B
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 Both Amount of Interest 50/50 %
(Filer/spouse)

Name of Business Red River Medical, LLC

Address 1427 Choctaw Ave
Street Metairie, LA Suite # 70005
City State Zip Code

Business Description Rental of a medical laser

Nature of Association own + rent laser

Filer Spouse Both Amount of Interest 50/50 %
(Filer/spouse)

Name of Business Brandi Michelle Properties, LLC

Address 1427 Choctaw Ave
Street Metairie, LA Suite # 70005
City State Zip Code

Business Description Rental of a residential home

Nature of Association own + rent home

Filer Spouse Both Amount of Interest _____ %

Name of Business _____

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

Business Description _____

Nature of Association _____

**SCHEDULE C
POSITIONS - NONPROFIT**

WJA

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 _____ 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 _____

SCHEDULE D
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 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 \$ 38,400.76

Name of Business, if applicable _____

Name of Source of Income House of Representatives (state rep income)

Type of Income: State Political Subdivision Gaming Interest

Address P.O. Box 94602

Baton Rouge, LA
Street City State

70804
Suite # 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

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 E
INCOME RECEIVED FROM EMPLOYMENT**

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse. **INCOME SHALL BE REPORTED BY CATEGORY. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D. INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

Filer Spouse

Amount of Income: I II **III** IV

Full-time Part-time

Employer Name Blue Williams, LLP

Employer Address 3421 N. Causeway Blvd. 900

Street Metairie State LA Suite # 70002

City Metairie State LA Zip Code 70002

Nature of services rendered pursuant to the employment Full-time attorney

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____

Street _____ Suite # _____

City _____ State _____ Zip Code _____

Nature of services rendered pursuant to the employment _____

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____

Street _____ Suite # _____

City _____ State _____ Zip Code _____

Nature of services rendered pursuant to the employment _____

SCHEDULE F INCOME FROM BUSINESS INTERESTS

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

Aggregate Amount of Income received from the business interests listed on Schedule F: I ~~II~~ III IV

- Filer
- Spouse

Name of Business Red River Medical, LLC

Address 1427 Choctaw Ave
Street Metairie LA Suite # 70005
City State Zip Code

Description of services rendered for the business or a reason the income was received:
lease laser to physicians for surgical procedures
(Mbr/Mgr of LLC)

- Filer
- Spouse

Name of Business Brandi Michelle Properties, LLC

Address 1427 Choctaw Ave
Street Metairie LA Suite # 70005
City State Zip Code

Description of services rendered for the business or a reason the income was received:
Own + rent residential home (Mbr/Mgr of LLC)

- Filer
- Spouse

Name of Business _____

Address _____
Street Suite #
City State Zip Code

Description of services rendered for the business or a reason the income was received:

**SCHEDULE G
OTHER INCOME**

ala

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in value ranges by category), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

- Filer
- Spouse

Amount of Income: I II III IV

Description of Income _____

Description of service rendered or the reason the income was received:

- Filer
- Spouse

Amount of Income: I II III IV

Description of Income _____

Description of service rendered or the reason the income was received:

- Filer
- Spouse

Amount of Income: I II III IV

Description of Income _____

Description of service rendered or the reason the income was received:

SCHEDULE H IMMOVABLE PROPERTY

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

Filer Spouse Both

Value of Property: I II III IV

Location of property:
Country US State LA

Parish/County Jefferson

Property Description 1427 chatau ave.
Metairie, LA 70005

Filer Spouse Both

Value of Property: I II III IV

Location of property:
Country US State LA

Parish/County EBR

Property Description 9552 Kilt Pl.
Baton Rouge, LA 70802
(owned by Brandi Michelle Karp LLC)

Filer Spouse Both

Value of Property: I II III IV

Location of property:
Country _____ State _____

Parish/County _____

Property Description _____

Filer Spouse Both

Value of Property: I II III IV

Location of property:
Country _____ State _____

Parish/County _____

Property Description _____

SCHEDULE I
INVESTMENT HOLDINGS

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding 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 or cash equivalent investments. (NOTE: Exclude any 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.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

SCHEDULE J TRANSACTIONS

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any 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. (NOTE: Exclude 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.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV

SCHEDULE K LIABILITIES

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- 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;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- 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.

Filer Spouse

Name of Creditor _____

Address _____

Street	Suite #
_____	_____
City	State
_____	_____
	Zip Code

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____

Street	Suite #
_____	_____
City	State
_____	_____
	Zip Code

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____

Street	Suite #
_____	_____
City	State
_____	_____
	Zip Code

Name of Guarantor (if any) _____

