

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

**MAY 14 2012** Page 1 of 11

LEGISLATIVE RESOURCE CENTER

Name: Jeffrey Landry Daytime Telephone: 337-330-1382

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES  
 MAY 17 AM 11:51

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>LA</u> District: <u>3rd</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2012)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	X. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**For payments to charity in lieu of honoraria, use Schedule II.**

**SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

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## BLOCK B

## Amount of Income

<p>portion of an asset is sold, please indicate as follows:</p> <p>(S) (partial)</p> <p>See below for example.</p>	<p>P.</p> <p>S.</p> <p>E</p>	<p>S (partial)</p>
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For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

**Transaction**  
Indicate if the asset had purchases (P), sales (S) or exchanges (E) exceeding \$1,000 in reporting year.

portion of an asset is sold, please indicate as follows:

(S) (partial)  
See below for example.

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S (partial)

Read from

**For additional assets and unearned income, use next page.**

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**This page may be copied if more space is required.**

JM Landry & Associates  
PO Box 990  
Broussard, LA 70518

Regions Bank  
PO Box 11007  
Birmingham, AL 35288

The File Depot of Acadiana  
PO Box 990  
Broussard, LA 70518

The Law Firm of JM Landry  
PO Box 990  
Broussard, LA 70518

St. Martin Bank  
PO Box 199  
St. Martinville, LA 70582

MGW Investments  
720 St. Nazaire  
Broussard, LA 70518

Services Tool Co  
PO Box 12240  
New Iberia, LA 70562

Nuven EFT Bond  
SMB Investment Center  
2810 Johnston St  
Lafayette, LA 70503

Frontier Financial SPF 1.5, LP  
44 Wall Street, 10<sup>th</sup> Floor  
New York, NY 10005

UST Environmental Services  
PO Box 990  
Broussard, LA 70518

Louisiana PFA Hosp. Bond  
SMB Investment Center  
2810 Johnston St  
Lafayette, LA 70503

Midsouth Bank  
PO Box 3745  
Lafayette, LA 70502-3745

Community First Bank  
535 Jefferson Terrace Blvd  
New Iberia, LA 70560

Jefferson Parish Hosp Bond  
SMB Investment Center  
2810 Johnston St  
Lafayette, LA 70503

The Regal Group, LLC  
2212 Belle Ruelle  
New Iberia, LA 70563

Pot Roast, LLC  
3803 Bayside Circle  
Monroe, LA 71201

Regal Developers, LLC  
PO Box 12240  
New Iberia, LA 70562-2240

J&D Production, LLC  
1019 Albertson Pkwy  
Broussard, LA 70518

## Done of

\$1,001- \$15,000	A
\$15,001- \$50,000	B
\$50,001- \$100,000	C
\$100,001- \$250,000	D
\$250,001- \$500,000	E
\$500,001- \$1,000,000	F
\$1,000,001- \$5,000,000	G
\$5,000,001- \$25,000,000	H
\$25,000,001- \$50,000,000	I
Over \$50,000,000	J

X

Mega Corporation Common Stock (partial sale)

N
A

# SCHEDULE V— LIABILITIES

Name

Jeffrey Landry

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	Salvia Mae	June 2005	Student loan		X									
	AES/NET	Aug 2003	Student loan		X									
	American Express	Mar 1995	Credit Card		X									
	Scen Trust	May 2004	Home Mortgage				X							

# SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
N/A		



Name Jeffrey Landry Page 9 of 11

[illegible]

# SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
member	Wst Environmental Services, LLC
member	Sm Landry & Associates
member	The Law Firm of Sm Landry
member	Bucks & Ducks
member	WJ & Associates
member	MLW Investments

# SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

# SCHEDULE VII—POSITIONS

Name

*Jeffrey Landry*

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>member</i>	<i>The File Dept of Arkansas, LLC</i>
<i>member</i>	<i>JD Production</i>
<i>member</i>	<i>Pat Roost, LLC</i>
<i>member</i>	<i>Frontier Financial SPF LSCP</i>

# SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement