

PERSONAL FINANCIAL DISCLOSURE FORM

FULL NAME KATHLEEN BABINEAUX BLANCO	SPOUSE'S FULL NAME RAYMOND S. BLANCO
RESIDENCE ADDRESS 702 MYRTLE PLACE LAFAYETTE LA 70506	
SPOUSE'S OCCUPATION (if any) V/P- STUDENT AFFAIRS UNIV. OF LA AT LAF	
SPOUSE'S PRINCIPAL BUSINESS ADDRESS (if any) P.O. BOX 44572 LAFAYETTE LA 70504	

This report covers calendar year 2008.Check if Amended Report

NOTE: Where amounts are required herein, indicate such amounts by use of one of the following categories:

- I - less than \$5,000;
- II - \$5,000 to \$24,999;
- III - \$25,000 to \$49,999;
- IV - \$50,000 to \$99,999;
- V - \$100,000 to \$199,999;
- VI - \$200,000 or more.

Use as many pages of each section of the form as are required. Machine copies of the form's pages may be used. Complete all sections (if not applicable, so indicate). Please type or print.

AFFIDAVIT

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.

KATHLEEN BABINEAUX BLANCO
PERSON FILING REPORT

Sworn to and subscribed before me dated 01/20/2009.

ROBERT J. MORELLA
NOTARY PUBLIC

B. BUSINESS INTERESTS

The name, address, and amount of interest in each business with which your sole relationship during the calendar year was as an owner of an interest in excess of 10% held by you or your spouse (either individually or collectively). (NOTE: For purposes of this section "business" is defined as any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.)

INDIVIDUAL, SPOUSE, OR BOTH	FULL NAME AND ADDRESS OF BUSINESS	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	RAYMOND S BLANCO 701 MYRTLE PLACE LAFAYETTE LA 70506	1
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	COTEAU CONSTULTANTS 702 MYRTLE PLACE LAFAYETTE LA 70506	1

C. INCOME

The name, address, type, and amount of each source of income in excess of \$1,000 received by you or your spouse (either individually or collectively) during the calendar year. "Income" means any income from whatever source derived, including but not limited to the following types: compensation for services, including fees, salaries, commissions, and similar items; income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness, distributive share of partnership income; and income from interest in an estate or trust. For income from compensation, give a very brief description of the services rendered. For income from mental health, medical health, or legal services, if the disclosure of the source of the income would reveal the identity of a patient or a client, then either mental health, medical health, or legal services should be given as the source.

INDIVIDUAL, SPOUSE, OR BOTH	NAME AND ADDRESS OF SOURCE OF INCOME	TYPE	AMOUNT	DESCRIPTION OF SERVICES
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	IBERIA BANK 200 W. CONGRESS STREET LAFAYETTE LA 70501	INTEREST	1	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	LACAP FEDERAL CREDIT UNION P.O. BOX 3398 BATON ROUGE LA 70821	INTEREST	1	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	RAYMOND JAMES FINANCIAL ST. PETERSBURG FL	DIVIDENDS	1	
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	SOCIAL SECURITY ADMINISTRATION 6401 SECURITY BLVD BALTIMORE MD 21235	RETIREMENT	1	RETIREMENT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	STATE OF LOUISIANA P.O. BOX 94095 BATON ROUGE LA 70804	SALARY	1	LA GOVERNOR
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	UNIVERSITY OF LA AT LAFAYETTE P.O. BOX 40400 LAFAYETTE LA 70504	SALARY	1	V/P STUDENT AFFAIRS

D. REAL ESTATE HOLDINGS

The address and a short description (i.e., size, use of land) of each parcel of real property having a fair market value in excess of \$2,000 in which you or your spouse (either individually or collectively) had an interest during the calendar year.

INDIVIDUAL, SPOUSE, OR BOTH	ADDRESS OF REAL PROPERTY	DESCRIPTION
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	702 MYRTLE PLACE LAFAYETTE LA 70506	RESIDENCE
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	260 EDGEWOOD DRIVE LAFAYETTE LA 70503	VACANT LOT
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	1/7 UNDIVIDED INTEREST-4.8 ACRES SANDOZ ROAD IBERIA PARISH	FARMLAND WITH BUILDING

F. LIABILITIES

The name, address, and amount of each liability in excess of \$10,000 owed to any creditor by you or your spouse (either individually or collectively) during the calendar year. (NOTE: Exclude any loan secured by a personal motor vehicle, household furniture, or appliances if such loan does not exceed the purchase price of the item that secures it.)

INDIVIDUAL, SPOUSE, OR BOTH	FULL NAME AND ADDRESS OF CREDITOR	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	IBERIA BANK 200 W. CONGRESS STREET LAFAYETTE LA 70501	4