

PERSONAL FINANCIAL DISCLOSURE FORM

FULL NAME Huntington B Downer, Jr.	SPOUSE'S FULL NAME Linda Lee Downer		
RESIDENCE ADDRESS 4523 Highway 311 Houma LA 70360			
SPOUSE'S OCCUPATION (if any) Full-Time Homemaker			
SPOUSE'S PRINCIPAL BUSINESS ADDRESS (if any) 4523 Highway 311 Houma LA 70360			

This report covers calendar year 2003.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.

Huntington B. Downer Jr.
PERSON FILING REPORT

Sworn to and subscribed before me dated 08/18/2003.

Alfred W. Speer
NOTARY PUBLIC

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 checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Louisiana Department of the Military Jackson Barracks New Orleans LA	Salary	1	Louisiana Army National Guard Officer
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	Louisiana House of Representatives Post Office Box 94062 Baton Rouge LA 70804	Salary	4	State Representative District 52
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	The Manufacturers Life Insurance Co. Post Office Box 55230 Boston MA 02205-5230	Annuity	3	Draw on Annuity
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	The Manufacturers Life Insurance Co. Post Office Box 55230 Boston MA 02205-5230	Annuity	3	Draw on Annuity
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	U. S. Department of Defense The Pentagon Washington DC	Salary	3	Louisiana Army National Guard Officer

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	848 North 6th Street Baton Rouge LA 70808	House & Lot - Sold 8/9/02
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	4523 Highway 311 Houma LA 70360	Private Residence - House & Lot

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	Hibernia National Bank Post Office Box 91280 Baton Rouge LA 70821-1280	6
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	South Louisiana Bank Post Office Box 1718 Houma LA 70361	5