

2070044

LOUISIANA GAMING CONTROL BOARD  
FINANCIAL DISCLOSURE STATEMENT PURSUANT TO R.S. 27:12B

NAME OF MEMBER Dennis R Kinchen

NAME OF SPOUSE Ruthie Kinchen

NAME(S) OF MINOR CHILD(REN) \_\_\_\_\_

ADDRESS OF MEMBER 108 Rambo Road  
Benton, La. 71006

2007 JAN 24 PM 2:12  
 FINANCIAL STATEMENT INFORMATION  
 CAPTIONED FINANCE  
 RECEIVED

This report covers January 1, 2006 through January 1, 2007  
 (Statements must be filed at time of appointment and annually thereafter. Statements should cover the one year period immediately preceding the filing date.)

**AFFIDAVIT**

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

Dennis R. Kinchen  
 Member Filing Report

Sworn to and subscribed before me this 17<sup>th</sup> day of January, 2007.

Barbara J. Lockett  
 Notary Public #003695

BARBARA J. LOCKETT, Notary Public  
 Calcasieu Parish, Louisiana  
 My Commission is for Life

I. ASSETS

Provide a description of each asset, other than property and business interests, in which you, your spouse, and minor child(ren) have an ownership interest, as well as the dollar value of that ownership interest. "Assets" include all movable and immovable property including but not by way of limitation the following: land, buildings, residences, cash, checking, savings and investment accounts, certificates of deposit, stocks, bonds, motorized vehicles, boats, jewelry, furniture and personal property, retirement funds, amount of life insurance and approximate cash values.

OWNER	DESCRIPTION OF ASSET	MARKET VALUE
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	1994 Mercury 4 Dr. Sedan vehicle	3000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	1995 Chevrolet Truck	7000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	2001 Lincoln Town Car vehicle	15000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Bank One Chase Checking Acct # 100-7559-56-9	8000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Chase Bank IRA	42000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Chase Bank CD	35000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Aetna Term Life Ins. City of Shreveport	42000.00

## I. ASSETS (cont'd)

OWNER	DESCRIPTION OF ASSET	MARKET VALUE
<input type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	401K Plan VA Medical Center	2300.00
<input type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Hibernia National Bank Checking acct # 5730 262 487	2500.00
<input checked="" type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Household Furniture & Fixtures	4000.00
<input checked="" type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Lawn & Yard tools, other power tools and equipment	8500.00
<input checked="" type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Jewelry (Rings, earrings, necklace, watches, etc.)	7000.00
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		

## II. LIABILITIES

Provide a description of each liability of you, your spouse and minor child(ren), setting forth the name and address of the creditor for each such liability. "Liabilities" include, but are not limited to, all direct or contingent debts, secured and unsecured debts, indebtedness, mortgages, real estate loans, vehicle loans, promissory notes, guarantees, endorsements, judgments, liquidated claims, open accounts, trade creditors, bank and credit card balances, installment debts, stock pledges, alimony, child support and separate maintenance payments.

DEBTOR	FULL NAME AND ADDRESS OF CREDITOR	AMOUNT
<input checked="" type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	<i>Chase Manhattan Mortgage Corp</i> <i>P.O. Box 24850</i> <i>Columbus, Oh 43224-0850</i>	113000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	<i>Various Credit Cards</i> <i>(Am Ex. Home Depot, VISA, Discover, etc)</i>	2000.00
<input type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	<i>Various Credit Cards</i> <i>(Foley, Chadwick, MasterCard, VISA, etc)</i>	2500.00
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		

**II. LIABILITIES (cont'd)**

DEBTOR	FULL NAME AND ADDRESS OF CREDITOR	AMOUNT
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	<p>N/A</p>	
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
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<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		

III. PROPERTY AND BUSINESS INTERESTS

Provide a description of each property and business interest owned by you, your spouse and minor child(ren) that is not otherwise listed on Schedule I. Examples include an undivided interest in movable or immovable property or an ownership interest in a partnership or corporation or unincorporated association.

OWNER	FULL NAME AND ADDRESS OF BUSINESS	MARKET VALUE
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	N/A	
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
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<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		

III. PROPERTY AND BUSINESS INTERESTS (cont'd)

OWNER	FULL NAME AND ADDRESS OF BUSINESS	MARKET VALUE
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	<i>N/A</i>	
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
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IV. SOURCES OF INCOME

Provide a description (including the name and address of each source) of income received by you, your spouse, and minor child(ren). Income may include but is not limited to the following: compensation for services, including fees, salaries, commissions, bonuses and similar earned income; income derived from business; gains derived from property transactions; interests; rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; distributive shares of partnership and association income; income from interests in an estate or trust; and alimony, child support or separate maintenance payments.

EARNER	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Municipal Police Employee Retirement 8550 United Plaza Blvd Suite 501 Baton Rouge, La 70809-0200	36000.00
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	Louisiana Housing Control Bd 9100 Blaisbennett Center Suite 500 Baton Rouge, La 70809-0500	15000.00
<input type="checkbox"/> MEMBER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	VA Medical Center 501 Stoner Avenue Shreveport, La 71101	36000.00
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<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		

IV. SOURCES OF INCOME (cont'd)

EARNER	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD	<i>N/A</i>	
<input type="checkbox"/> MEMBER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
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