

2009-112

PERSONAL FINANCIAL DISCLOSURE

2090001

"TIER 2"

LSA-R.S. 42:1124.2

ORIGINAL REPORT  AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought La. Senate District 16

Date of Election 3-7-2009 Date of Qualifying 1-12-09

Full Name of Filer: Daniel Albert Claitor

Full Name of Spouse: Sharmaine LeBlanc Claitor

Mailing Address: 7520 Perkins Road, #170  
Street Baton Rouge LA Apt. # 70808  
City State Zip Code

Spouse's Occupation: Home maker

Spouse's Principal Business Address, if any: NA

Street Suite #  
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.

- (A) I certify that I have ~~filed~~ <sup>DAC</sup> for an extension of my federal income tax return for the previous year. <sup>DAC</sup> is not yet due.
- (B) I certify that I have ~~filed~~ <sup>DAC</sup> for an extension of my state income tax return for the previous year. <sup>DAC</sup> is not yet due.

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.

[Signature]  
Signature of Filer

Sworn to and subscribed before me this 26<sup>th</sup> day of Jan, 2009

M. Elizabeth Escousse  
Notary Public

Printed Name: M. Elizabeth Escousse

ID# 18153 Commission Expires at death  
7520 Perkins Road  
Suite 170  
Baton Rouge, LA  
70808

**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 Daniel A. Claster Job Title Managing Partner

Employer Address 7520 Perkins Road, #170  
Street BR LA Suite # 70808  
City State Zip Code

Job Description Lawyer

Filer  Spouse  Full-time  Part-time

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Description \_\_\_\_\_

Filer  Spouse  Full-time  Part-time

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Description \_\_\_\_\_

Filer  Spouse  Full-time  Part-time

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street \_\_\_\_\_ 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 25 %

Name of Business Claitor Children, LLC

Address 7520 Perkins Road, #170

Street

BR

LA

Suite #

70808

City

State

Zip Code

Business Description - Louisiana limited liability corporation that focuses on buying, selling and leasing real estate

Nature of Association member (of LLC)

Filer  Spouse  Both

Amount of Interest 12 %

Name of Business R.G. Claitor's Realty

Address 3165 S. Acadian Thruway

Street

BR

LA

Suite #

70808

City

State

Zip Code

Business Description - Louisiana limited liability company that focuses on buying, selling and leasing real estate

Nature of Association member (of LLC)

Filer  Spouse  Both

Amount of Interest 12 %

Name of Business R.G. Claitor Properties, LLC

Address 3165 S. Acadian Thruway

Street

BR

LA

Suite #

70808

City

State

Zip Code

Business Description - La. LLC that focuses on buying, selling, and leasing real estate

Nature of Association member (of LLC)

**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 25 %

Name of Business Claitor Family Investment Club

Address 5925 Highland Road

Street BR LA Suite # 70808  
City State Zip Code

Business Description Buy and hold stocks.

Nature of Association Both my wife and I are members of the club

Filer  Spouse  Both Amount of Interest \_\_\_\_\_ %

Name of Business \_\_\_\_\_

Address \_\_\_\_\_  
Street Suite #

City State Zip Code

Business Description \_\_\_\_\_

Nature of Association \_\_\_\_\_

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**

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

NA

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 1% 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 **NA** 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

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 job description for each full-time or part-time employment position held by the individual or spouse. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

Filer  Spouse

Estimated Amount of Income III - 2008

Full-time  Part-time

Employer Name Daniel A. Claitor (self)

Employer Address 7520 Perkins Rd, 170  
Street RR LA Suite # 70808

Nature of services rendered pursuant to the employment City State Zip Code  
- legal services.

Filer  Spouse

Amount of Income \_\_\_\_\_

Full-time  Part-time

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Description \_\_\_\_\_

Filer  Spouse

Amount of Income \_\_\_\_\_

Full-time  Part-time

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Description \_\_\_\_\_

**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

III estimated  
2008

- Filer  
 Spouse

Name of Business Claitor Children, LLC  
Address 7520 Perkins Rd #170  
Street BR LA Suite # 70808  
City State Zip Code

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

- Filer  
 Spouse

Name of Business R.G. Claitor Realty  
Address 3165 S. Acadian Thruway  
Street BR LA Suite # 70808  
City State Zip Code

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

- Filer  
 Spouse

Name of Business Claitor Family Investment Club  
Address 5925 Highland Rd  
Street BR LA Suite # 70808  
City State Zip Code

Description of services rendered for the business or a reason the income was received: stock dividends and interest

**SCHEDULE G  
OTHER INCOME**

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 Amount of Income \_\_\_\_\_  
 Spouse

Description of Income NA

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

Filer Amount of Income \_\_\_\_\_  
 Spouse

Description of Income \_\_\_\_\_

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

Filer Amount of Income \_\_\_\_\_  
 Spouse

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 386,000

Location of property: 1302 Applewood Road  
State LA

Parish/County EBR

Property Description - our home.

Filer  Spouse  Both

Value 190,000

Location of property: 7520 Perkins Rd #170  
State LA

Parish/County EBR

Property Description - our law office (condo).

Filer  Spouse  Both

Value \_\_\_\_\_

Location of property:  
State \_\_\_\_\_

Parish/County \_\_\_\_\_

Property Description \_\_\_\_\_

Filer  Spouse  Both

Value \_\_\_\_\_

Location of property:  
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		NA - excluded per above
<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		NA - excluded per above.	
<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 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 Capital One Bank  
Address P.O. Box 4539  
Street Houston, TX 77210 Suite #  
City Houston State TX Zip Code 77210  
Name of Guarantor (if any) \_\_\_\_\_

Filer  Spouse

Name of Creditor PHH Mortgage  
Address P.O. Box 0112  
Street Palatine, IL 60055 Suite #  
City Palatine State IL Zip Code 60055  
Name of Guarantor (if any) \_\_\_\_\_

Filer  Spouse

Name of Creditor Home Equity Service Center  
Address P.O. Box 0055  
Street Palatine, IL 60055 Suite #  
City Palatine State IL Zip Code 60055  
Name of Guarantor (if any) \_\_\_\_\_