

PERSONAL FINANCIAL DISCLOSURE FORM

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FULL NAME <i>Thomas Alan Greene</i>	SPOUSE'S FULL NAME <i>Cathy Castleman Greene</i>
RESIDENCE ADDRESS <i>77645 Allan St, POB 142 Maringouin, La 70757</i>	
SPOUSE'S OCCUPATION (if any) <i>Substitute teacher / tutor</i>	
SPOUSE'S PRINCIPAL BUSINESS ADDRESS (if any) <i>same as above</i>	

This report covers calendar year Jan 1, 1998 - Sept 7, 1999 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.

99 SEP 9 P 2:

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.

Tom Greene
PERSON FILING REPORT

Sworn to and subscribed before me this 9th day of September, 1999.

Mark McCray
NOTARY PUBLIC

HAND DELIVERED

A. POSITIONS

The name, address of, position in, and amount of interest in each business in which you or your spouse (either individually or collectively) were a director, officer, partner, member, or trustee during the calendar year. (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	POSITION	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			

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 type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Greene Veterinary Clinic 2084 Hwy 78 R.O. 8545 Livonia, La 70755	100%
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Greene's Farm Jack Torres Rd. Mangouin, La 70757	100%
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

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 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	Greene Vet. Clinic POB 545 Livonia, La 70755	comp for ser.	IV	Vet. Ser.
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Greene's Farm Jack Torres Rd. Marrimouin, la 70757	Rental of land	II	soybeans and cattle
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	La. State Senate B.R. LA.	salary	IV	Senatorial service
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Dreyfus Brokerage Ser. P.O. Box 4892 Los Angeles, Calif. 90041	short term cap. gain officer	I	investment
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH				
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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	2 Acres 77645 Allam St. Marrngoum, La 70757	Residence
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	95 Acres Jack Torres Rd. Marrngoum, LA 70757	Farm
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	1/3 Acre 77625 Allam St. Marrngoum, LA 70757	Rest House
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	1 Acre 2084 Hwy 78 Livonia, LA 70755	Vet. Clinic
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH		

E. TRANSACTIONS

A brief description, the date, and amount of each purchase, sale, exchange, donation, or gift, other acquisition or disposition, in excess of \$1,000, by you or your spouse (either individually or collectively) during the calendar year in any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

INDIVIDUAL, SPOUSE, OR BOTH	DESCRIPTION	DATE	AMOUNT
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Sold 26 Acres farm land Jack Torres Rd. Maringouin, LA 70757	1-22-99	III
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	IRA - Purchased Pfizer stock Greynis Brokerage Sr. PO Box 221 Los Angeles, Cal. 90091	4-19-99	III
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	IRA - Purchased Pfizer stock same as above	4-19-99	II
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Purchased Pfizer Stock same as above	4-19-99	III
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Sold 16 Acres farm land Jack Torres Rd Maringouin, LA 70757	5-20-99	III
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Purchased Pfizer stock same as above	5-27-99	III
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Sold Pfizer Stock same as above	6-30-99	III
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			
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<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH			

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	Union Planters Mortgage P.O. Box 1860 Memphis, Tenn 38101-1860	702
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> BOTH	Guaranty Bank & Trust P.O. Box 10 New Roads, La 70760	111
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