

**PERSONAL FINANCIAL DISCLOSURE**  
**"TIER 1"**  
**LSA-R.S. 42:1124**

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought Superintendent of Education

Date of Election Feb 18, 2008

Date of Qualifying \_\_\_\_\_

Full Name of Filer: Paul Gregg Pastorek

Full Name of Spouse: Kathleen St. Amant Pastorek

Residence Address: 124 Midway Drive

Street

River Ridge

City

LA

State

Apt. #

70123

Zip Code

Spouse's Occupation: Housewife

Principal Business Address of Spouse:

Street

Suite #

City

State

Zip Code

Select One:  (A) I certify that I have filed my federal income tax return for the previous year.

(A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One:  (B) I certify that I have filed my state income tax return for the previous year.

(B) I certify that I have filed for an extension of my state income tax return for the previous year.

**CERTIFICATION OF ACCURACY**

**I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.**

Paul G. Pastorek  
Signature of Filer

Sworn to and subscribed before me this 15<sup>th</sup> day of May, 2009.

Susan Louise Dunham  
Notary Public

Printed Name: Susan Louise Dunham

ID# 33892

Commission Expires life

### SCHEDULE A EMPLOYMENT INFORMATION

Check if Not Applicable

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.

|                                           |                                 |                                               |                                    |
|-------------------------------------------|---------------------------------|-----------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input checked="" type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Employer Name LA Department of Education  |                                 | Job Title Superintendent                      |                                    |
| Job Description As designated by law      |                                 |                                               |                                    |
| <input type="checkbox"/> Filer            | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time            | <input type="checkbox"/> Part-time |
| Employer Name _____                       |                                 | Job Title _____                               |                                    |
| Job Description _____                     |                                 |                                               |                                    |
| <input type="checkbox"/> Filer            | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time            | <input type="checkbox"/> Part-time |
| Employer Name _____                       |                                 | Job Title _____                               |                                    |
| Job Description _____                     |                                 |                                               |                                    |
| <input type="checkbox"/> Filer            | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time            | <input type="checkbox"/> Part-time |
| Employer Name _____                       |                                 | Job Title _____                               |                                    |
| Job Description _____                     |                                 |                                               |                                    |
| <input type="checkbox"/> Filer            | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time            | <input type="checkbox"/> Part-time |
| Employer Name _____                       |                                 | Job Title _____                               |                                    |
| Job Description _____                     |                                 |                                               |                                    |
| <input type="checkbox"/> Filer            | <input type="checkbox"/> Spouse | <input type="checkbox"/> Full-time            | <input type="checkbox"/> Part-time |
| Employer Name _____                       |                                 | Job Title _____                               |                                    |
| Job Description _____                     |                                 |                                               |                                    |

### SCHEDULE B POSITIONS - BUSINESS

Check if Not Applicable

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.

|                                                                                                         |                                 |
|---------------------------------------------------------------------------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | Amount of Interest <u>100</u> % |
| Name of Business <u>Paul G. Pastorek, APLC</u>                                                          |                                 |
| Address <u>124 Midway Drive</u>                                                                         |                                 |
| Street                                                                                                  | Suite #                         |
| <u>River Ridge</u>                                                                                      | <u>LA</u>                       |
| City                                                                                                    | State                           |
|                                                                                                         | Zip Code                        |
|                                                                                                         | <u>70123</u>                    |
| Business Description <u>Professional Law Corporation</u>                                                |                                 |
| Nature of Association <u>Sole proprietor law firm (inactive)</u>                                        |                                 |
|                                                                                                         |                                 |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both            | Amount of Interest _____ %      |
| Name of Business _____                                                                                  |                                 |
| Address _____                                                                                           |                                 |
| Street                                                                                                  | Suite #                         |
| City                                                                                                    | State                           |
|                                                                                                         | Zip Code                        |
| Business Description _____                                                                              |                                 |
| Nature of Association _____                                                                             |                                 |
|                                                                                                         |                                 |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both            | Amount of Interest _____ %      |
| Name of Business _____                                                                                  |                                 |
| Address _____                                                                                           |                                 |
| Street                                                                                                  | Suite #                         |
| City                                                                                                    | State                           |
|                                                                                                         | Zip Code                        |
| Business Description _____                                                                              |                                 |
| Nature of Association _____                                                                             |                                 |

### SCHEDULE C POSITIONS - NONPROFIT

Check if Not Applicable

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.

|                                                                                          |           |                                                     |
|------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse                |           |                                                     |
| Name of Organization <u>Jobs for America's Graduates, Inc.</u>                           |           | Nature of Association <u>Director of Non Profit</u> |
| Address <u>1729 King Street</u>                                                          |           |                                                     |
| Street                                                                                   |           | Suite #                                             |
| <u>Alexandria</u>                                                                        | <u>VA</u> | <u>22314</u>                                        |
| City                                                                                     | State     | Zip Code                                            |
| Organization Description <u>National drop out prevention best practices organization</u> |           |                                                     |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse                           |           |                                                     |
| Name of Organization _____                                                               |           | Nature of Association _____                         |
| Address _____                                                                            |           |                                                     |
| Street                                                                                   |           | Suite #                                             |
| _____                                                                                    | _____     | _____                                               |
| City                                                                                     | State     | Zip Code                                            |
| Organization Description _____                                                           |           |                                                     |
| <input type="checkbox"/> Filer <input type="checkbox"/> 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**

Check if Not Applicable

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 ten 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.**

|                                                                                                                                                   |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business                                       | Amount of Income \$ <u>430,210</u> |
| Name of Business, if applicable _____                                                                                                             |                                    |
| Name of Source of Income _____                                                                                                                    |                                    |
| Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest |                                    |
| Address <u>1201 N. Third Street</u>                                                                                                               |                                    |
| Street                                                                                                                                            | Suite #                            |
| Baton Rouge                                                                                                                                       | LA                                 |
| City                                                                                                                                              | State                              |
|                                                                                                                                                   | Zip Code                           |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business                                                  | Amount of Income \$ _____          |
| Name of Business, if applicable _____                                                                                                             |                                    |
| Name of Source of Income _____                                                                                                                    |                                    |
| Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest            |                                    |
| Address _____                                                                                                                                     |                                    |
| Street                                                                                                                                            | Suite #                            |
| City                                                                                                                                              | State                              |
|                                                                                                                                                   | Zip Code                           |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business                                                  | Amount of Income \$ _____          |
| Name of Business, if applicable _____                                                                                                             |                                    |
| Name of Source of Income _____                                                                                                                    |                                    |
| Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest            |                                    |
| Address _____                                                                                                                                     |                                    |
| Street                                                                                                                                            | Suite #                            |
| City                                                                                                                                              | State                              |
|                                                                                                                                                   | Zip Code                           |

### SCHEDULE E INCOME

Check if Not Applicable

The name, address, type, nature of services rendered, and amount of each source of income in excess of \$1,000 received by you or your spouse.

**NOTE:** If the income is derived from professional or consulting services and the disclosure of the name or address of the source of income is prohibited by law or by professional code, such income should be disclosed on Schedule F.

**DO NOT** include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **INCOME SHALL BE REPORTED BY CATEGORY.**

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

|                                                                           |       |                                                                                                                                                                  |
|---------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse |       | I II III IV V VI                                                                                                                                                 |
| Amount of Income:                                                         |       | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Source of Income: Section 78 Management Company LLC               |       | Type: Royalty & Partial Sale of Interest                                                                                                                         |
| Address: 202 East High St                                                 |       | Suite #                                                                                                                                                          |
| Street                                                                    | VA    | 22902                                                                                                                                                            |
| Charlottesville                                                           | State | Zip Code                                                                                                                                                         |
| City                                                                      |       |                                                                                                                                                                  |
| Nature of Services Rendered                                               |       |                                                                                                                                                                  |
| Interest in an Oil and Gas Company                                        |       |                                                                                                                                                                  |

  

|                                                                           |       |                                                                                                                                                                  |
|---------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse |       | I II III IV V VI                                                                                                                                                 |
| Amount of Income:                                                         |       | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Source of Income: Rent                                            |       | Type: Apartment                                                                                                                                                  |
| Address: 900 Dean Lee Drive                                               |       | 302                                                                                                                                                              |
| Street                                                                    | LA    | 70820                                                                                                                                                            |
| Baton Rouge                                                               | State | Zip Code                                                                                                                                                         |
| City                                                                      |       |                                                                                                                                                                  |
| Nature of Services Rendered                                               |       |                                                                                                                                                                  |
| Rental Income in condominium                                              |       |                                                                                                                                                                  |

  

|                                                                |       |                                                                                                                                                       |
|----------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse |       | I II III IV V VI                                                                                                                                      |
| Amount of Income:                                              |       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Source of Income:                                      |       | Type:                                                                                                                                                 |
| Address:                                                       |       | Suite #                                                                                                                                               |
| Street                                                         | State | Zip Code                                                                                                                                              |
| City                                                           |       |                                                                                                                                                       |
| Nature of Services Rendered                                    |       |                                                                                                                                                       |

**SCHEDULE F  
INCOME FROM CERTAIN PROFESSIONAL OR CONSULTING SERVICES**

Check if no income was received from professional or consulting services for which the disclosure of the name or address of the source of income is prohibited by law or by professional code.

For income derived from professional or consulting services, including mental health, medical health, or legal services, when the disclosure of the name or address of the source of income is prohibited by law or by professional code, report the number of clients and amount of income for the applicable industry types below. **INCOME SHALL BE REPORTED BY CATEGORY.**

| Industry Type                    | # of Clients | Amount                   |                          |                          |                          |                          |                          | Individual, Spouse or Both |
|----------------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
|                                  |              | I                        | II                       | III                      | IV                       | V                        | VI                       |                            |
| <b>D-1 UTILITIES</b>             |              |                          |                          |                          |                          |                          |                          |                            |
| Electric                         |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Gas                              |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Telephone                        |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Water                            |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Cable television companies       |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>D-2 TRANSPORTATION</b>        |              |                          |                          |                          |                          |                          |                          |                            |
| Intrastate companies             |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Pipeline companies               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Oil and gas exploration          |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Oil and gas production           |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Oil and gas retailers            |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>D-3 FINANCE AND INSURANCE</b> |              |                          |                          |                          |                          |                          |                          |                            |
| Banks                            |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Savings and loan associations    |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Loan and/or finance companies    |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Manufacturing firms              |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Mining companies                 |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Life insurance companies         |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Casualty insurance companies     |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Other insurance companies        |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| <b>D-4 RETAIL COMPANIES</b>      |              |                          |                          |                          |                          |                          |                          |                            |
| Beer companies                   |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Wine companies                   |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Liquor companies                 |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |
| Beverage distributors            |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                            |

| Industry Type       | # of Clients | Amount                                                                                                                                                | Individual, Spouse or Both |
|---------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| D-5 ASSOCIATIONS    |              | I II III IV V VI                                                                                                                                      |                            |
| Trade               |              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            |
| Professional        |              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            |
| D-6 OTHER (SPECIFY) |              | I II III IV V VI                                                                                                                                      |                            |
|                     |              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            |



**SCHEDULE G  
IMMOVABLE PROPERTY**

Check if Not Applicable

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 address (if no address, then provide the location 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. VALUE SHALL BE REPORTED BY CATEGORY.

|                                                                                                         |                          |                          |                          |                          |                                     |                                     |
|---------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both | I                        | II                       | III                      | IV                       | V                                   | VI                                  |
| Value of Property:                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Address 124 Midway Drive                                                                                |                          |                          |                          |                          |                                     |                                     |
| Street                                                                                                  |                          |                          |                          |                          |                                     | Suite #                             |
| River Ridge                                                                                             | LA                       |                          |                          |                          |                                     | 70123                               |
| City                                                                                                    | State/Country            |                          |                          |                          |                                     | Zip Code                            |
| Property Description:                                                                                   |                          |                          |                          |                          |                                     |                                     |
| Residence                                                                                               |                          |                          |                          |                          |                                     |                                     |
|                                                                                                         |                          |                          |                          |                          |                                     |                                     |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both | I                        | II                       | III                      | IV                       | V                                   | VI                                  |
| Value of Property:                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Address 900 Dean Lee Drive                                                                              |                          |                          |                          |                          |                                     |                                     |
| Street                                                                                                  |                          |                          |                          |                          |                                     | Suite #                             |
| Baton Rouge                                                                                             | LA                       |                          |                          |                          |                                     | 70820                               |
| City                                                                                                    | State/Country            |                          |                          |                          |                                     | Zip Code                            |
| Property Description:                                                                                   |                          |                          |                          |                          |                                     |                                     |
| Condominium Unit (Rental)                                                                               |                          |                          |                          |                          |                                     |                                     |
|                                                                                                         |                          |                          |                          |                          |                                     |                                     |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both | I                        | II                       | III                      | IV                       | V                                   | VI                                  |
| Value of Property:                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Address 26610 Mandane Drive                                                                             |                          |                          |                          |                          |                                     |                                     |
| Street                                                                                                  |                          |                          |                          |                          |                                     | Suite #                             |
| Lacombe                                                                                                 | LA                       |                          |                          |                          |                                     | 70445                               |
| City                                                                                                    | State/Country            |                          |                          |                          |                                     | Zip Code                            |
| Property Description:                                                                                   |                          |                          |                          |                          |                                     |                                     |
| Residence                                                                                               |                          |                          |                          |                          |                                     |                                     |

### SCHEDULE G IMMOVABLE PROPERTY

Check if Not Applicable

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 address (if no address, then provide the location 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. VALUE SHALL BE REPORTED BY CATEGORY.

|                                |                                 |                                          |                                                                                                                                                                                     |    |     |               |   |    |
|--------------------------------|---------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|---------------|---|----|
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input checked="" type="checkbox"/> Both | I                                                                                                                                                                                   | II | III | IV            | V | VI |
|                                |                                 |                                          | Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |    |     |               |   |    |
| Address: 17608 W Lakeway Drive |                                 |                                          |                                                                                                                                                                                     |    |     |               |   |    |
| Street                         |                                 |                                          |                                                                                                                                                                                     |    |     | Suite #       |   |    |
| Baton Rouge                    |                                 |                                          |                                                                                                                                                                                     |    |     | LA            |   |    |
| City                           |                                 |                                          |                                                                                                                                                                                     |    |     | State/Country |   |    |
| Property Description:          |                                 |                                          |                                                                                                                                                                                     |    |     | Zip Code      |   |    |
| Residence                      |                                 |                                          |                                                                                                                                                                                     |    |     |               |   |    |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both            | I                                                                                                                                                                                   | II | III | IV            | V | VI |
|                                |                                 |                                          | Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |    |     |               |   |    |
| Address                        |                                 |                                          |                                                                                                                                                                                     |    |     |               |   |    |
| Street                         |                                 |                                          |                                                                                                                                                                                     |    |     | Suite #       |   |    |
| City                           |                                 |                                          |                                                                                                                                                                                     |    |     | State/Country |   |    |
| Property Description:          |                                 |                                          |                                                                                                                                                                                     |    |     | Zip Code      |   |    |
| <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Both            | I                                                                                                                                                                                   | II | III | IV            | V | VI |
|                                |                                 |                                          | Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |    |     |               |   |    |
| Address                        |                                 |                                          |                                                                                                                                                                                     |    |     |               |   |    |
| Street                         |                                 |                                          |                                                                                                                                                                                     |    |     | Suite #       |   |    |
| City                           |                                 |                                          |                                                                                                                                                                                     |    |     | State/Country |   |    |
| Property Description:          |                                 |                                          |                                                                                                                                                                                     |    |     | Zip Code      |   |    |

### SCHEDULE H INVESTMENT HOLDINGS

Check if Not Applicable

The name, a brief description, and amount ( in value ranges by category ) of each investment security having a value exceeding \$1,000 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,<br>or Both                                                                                | Name of Security                         | Description                          | Amount (categories)           |                                           |                                            |                                           |                               |                                |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|-------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Both | Regenotech, Inc.                         | Common Stock<br>Technology Company   | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input checked="" type="checkbox"/> | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Both | Britton and<br>Koontz, Ltd.              | Common Stock<br>Bank Holding Company | I<br><input type="checkbox"/> | II<br><input checked="" type="checkbox"/> | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Both | Datex Spectrum,<br>LLC                   | Common Stock<br>Technology Company   | I<br><input type="checkbox"/> | II<br><input checked="" type="checkbox"/> | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Both | Section 78<br>Management<br>Company, LLC | Oil and Gas Company                  | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input checked="" type="checkbox"/> | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            | NLT Well<br>Company LLC                  | Oil and Gas Company                  | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input checked="" type="checkbox"/> | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                                          |                                      | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                                          |                                      | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                                          |                                      | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                                          |                                      | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                                          |                                      | I<br><input type="checkbox"/> | II<br><input type="checkbox"/>            | III<br><input type="checkbox"/>            | IV<br><input type="checkbox"/>            | V<br><input type="checkbox"/> | VI<br><input type="checkbox"/> |

**SCHEDULE I  
TRANSACTIONS**

Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$1,000, 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.)

| Individual, Spouse, or Both                                                                                   | Transaction Date | Description of Transaction                                    | Amount (categories)                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both | February 2008    | Section 78 Management Company LLC<br>Sale of partial Interest | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input checked="" type="checkbox"/> Both | May 2008         | Sale of 17608 W Lakeway Drive<br>Baton Rouge                  | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |
| <input type="checkbox"/> Filer<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Both            |                  |                                                               | I II III IV V VI<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |

**SCHEDULE J  
LIABILITIES**

Check if Not Applicable

The name and address of each creditor, amount, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000. AMOUNT SHALL BE REPORTED BY CATEGORY.

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 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.

|                                           |                                 |                           |                                 |                          |                          |                                     |                          |                                     |                                     |                          |
|-------------------------------------------|---------------------------------|---------------------------|---------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Nature of Liability       | Mortgage on 124 Midway Drive    |                          |                          |                                     |                          |                                     |                                     |                          |
| Name of Creditor                          |                                 | Countrywide               | Amount:                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Address                                   |                                 | Street                    | Suite #                         |                          |                          |                                     |                          |                                     |                                     |                          |
| City                                      |                                 | State                     | Zip Code                        |                          |                          |                                     |                          |                                     |                                     |                          |
| Name of Guarantor (if any)                |                                 |                           |                                 |                          |                          |                                     |                          |                                     |                                     |                          |
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Nature of Liability       | 2d Mortgage on 124 Midway Drive |                          |                          |                                     |                          |                                     |                                     |                          |
| Name of Creditor                          |                                 | JPMorgan Chase Bank, N.A. | Amount:                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Address                                   |                                 | P. O. Box 260180          | Street                          | Suite #                  |                          |                                     |                          |                                     |                                     |                          |
| City                                      |                                 | Baton Rouge               | State                           | LA                       | Zip Code                 | 70826                               |                          |                                     |                                     |                          |
| Name of Guarantor (if any)                |                                 |                           |                                 |                          |                          |                                     |                          |                                     |                                     |                          |
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Nature of Liability       | Credit Line                     |                          |                          |                                     |                          |                                     |                                     |                          |
| Name of Creditor                          |                                 | JPMorgan Chase Bank, N.A. | Amount:                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Address                                   |                                 | P. O. Box 260180          | Street                          | Suite #                  |                          |                                     |                          |                                     |                                     |                          |
| City                                      |                                 | Baton Rouge               | State                           | LA                       | Zip Code                 | 70826                               |                          |                                     |                                     |                          |
| Name of Guarantor (if any)                |                                 |                           |                                 |                          |                          |                                     |                          |                                     |                                     |                          |

**SCHEDULE J  
LIABILITIES**

Check if Not Applicable

The name and address of each creditor, amount, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000. AMOUNT SHALL BE REPORTED BY CATEGORY.

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 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.

|                                           |                                 |                     |                                       |                                     |                          |                          |                                     |                                     |  |
|-------------------------------------------|---------------------------------|---------------------|---------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Nature of Liability | Mortgage on 900 Dean Lee Drive        |                                     |                          |                          |                                     |                                     |  |
| Name of Creditor                          | Wells Fargo Bank NA             | Amount:             | <input type="checkbox"/>              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| Address                                   | P. O. Box 5708                  | Street              |                                       |                                     |                          | Suite #                  |                                     |                                     |  |
|                                           | Springfield                     | City                | OH                                    | State                               | 45501                    | Zip Code                 |                                     |                                     |  |
| Name of Guarantor (if any)                |                                 |                     |                                       |                                     |                          |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Nature of Liability | Mortgage on 17608 West Lakeway Avenue |                                     |                          |                          |                                     |                                     |  |
| Name of Creditor                          | Chase                           | Amount:             | <input type="checkbox"/>              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| Address                                   | P. O. Box 78420                 | Street              |                                       |                                     |                          | Suite #                  |                                     |                                     |  |
|                                           | Phoenix                         | City                | AR                                    | State                               | 85062                    | Zip Code                 |                                     |                                     |  |
| Name of Guarantor (if any)                |                                 |                     |                                       |                                     |                          |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/> Filer | <input type="checkbox"/> Spouse | Nature of Liability | Credit Line                           |                                     |                          |                          |                                     |                                     |  |
| Name of Creditor                          | Chase                           | Amount:             | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| Address                                   | P. O. Box 94014                 | Street              |                                       |                                     |                          | Suite #                  |                                     |                                     |  |
|                                           | Palatine                        | City                | TX                                    | State                               | 60094                    | Zip Code                 |                                     |                                     |  |
| Name of Guarantor (if any)                |                                 |                     |                                       |                                     |                          |                          |                                     |                                     |  |

**SCHEDULE K  
OTHER OFFICES/POSITIONS**

Check if Not Applicable

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2 (Tier 2), Section 1124.2.1 (Tier 2.1) or Section 1124.3 (Tier 3) of the Code of Governmental Ethics. Please note that only one financial disclosure report shall be filed by the filer and such report shall be filed under the highest Tier (with Tier 1 being the highest, then Tier 2, then Tier 2.1 and Tier 3 being the lowest).

**NAME OF POSITION OR OFFICE HELD:**

As the State Superintendent of Education, I serve as an ex officio member on a number of State Boards and

Commissions, most of which are advisory councils for which no financial disclosure statement is required. Any

Board or Commission for which a financial disclosure statement would be required, would fall below the Tier 1 filing

requirements. The Boards and Commissions upon which I serve as an ex officio member and that might trigger a

financial disclosure statement include the Louisiana Children's Cabinet, and the Teachers' Retirement System of

Louisiana.