

PERSONAL FINANCIAL DISCLOSURE

"TIER 1"

LSA-R.S. 42:1124

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 20 09

I hold an office that would require a filing under Tier 2, Tier 2.1 or Tier 3. If this box is checked, filer must complete Schedule K.

Full Name of Filer: Paul G. Pastorek

Residence Address: 124 Midway Drive

Street

Apt. #

River Ridge

LA

70123

City

State

Zip Code

Public Office or Position Held Louisiana Department of Education - State Superintendent

Full Name of Spouse: Kathleen S. Pastorek

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, information, and belief.

[Signature]
Signature of Filer

Sworn to and subscribed before me this 3rd day of May, 2010.

Barbara M. Ballard
Notary Public

Printed Name:

ID#

BARBARA M. BALLARD (#18632)

Notary Public

Commission Expires

East Baton Rouge Parish

State of Louisiana

Commission Expires at Death

**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, OR 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 100 %
Name of Business <u>Paul G. Pastorek</u>	
Address <u>124 Midway Drive</u>	
Street	Suite #
<u>River Ridge</u>	<u>LA</u>
City	State
<u>70123</u>	Zip Code
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	Jobs for America's Graduates	Nature of Association
		National Drop Out Prevention
Address	1729 King St.	100
	Street	Suite #
	Alexandria	VA
	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		
<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

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 ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) 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>340,000</u>
Name of Business, if applicable <u>State of Louisiana, Department of Education</u>	
Name of Source of Income <u>Salary</u>	
Type of Income: <input checked="" 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

<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:	
Address	202 East High St.					Suite #	
Street							
Charlottesville	VA		22902				
City	State		Zip Code				
Nature of Services Rendered	Oil & Gas Property						

<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 Dr.					Suite #	302
Street							
Baton Rouge	LA		70820				
City	State		Zip Code				
Nature of Services Rendered							

<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							
City	State		Zip Code				
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	
D-1 UTILITIES								
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"/>	
D-2 TRANSPORTATION								
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"/>	
D-3 FINANCE AND INSURANCE								
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"/>	
D-4 RETAIL COMPANIES								
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 Dr.							
Street						Suite #	
River Ridge						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						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 Dr.							
Street						Suite #	
Lacombe						70445	
City						State/Country	
						Zip Code	
Property Description:							
Residence							

**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, or Both	Name of Security	Description	Amount (categories)					
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Regenotech, Inc.	Common Stock Technology Company	I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Britton & Koontz, Ltd.	Common Stock Bank Holding company	I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Datex, LLC	Common Stock Technology Company	I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I	II	III	IV	V	VI

**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 type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			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 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 <u>Mortgage on 124 Midway Dr.</u>									
Name of Creditor		<u>Countrywide</u>	Amount:	I	II	III	IV	V	VI		
				<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 #		
		<u></u>							<u></u>		
		City	State				Zip Code				
		<u></u>	<u></u>				<u></u>				
Name of Guarantor (if any) <u></u>											
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability <u>2nd Mortgage on 124 Midway Dr.</u>									
Name of Creditor		<u>JPMorgan Chase Bank, N.A.</u>	Amount:	I	II	III	IV	V	VI		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address		<u>P.O. Box 260180</u>									
		Street							Suite #		
		<u>Baton Rouge</u>	<u>LA</u>				<u>70826</u>				
		City	State				Zip Code				
Name of Guarantor (if any) <u></u>											
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability <u>Credit Line</u>									
Name of Creditor		<u>JPMorgan Chase Bank, N.A.</u>	Amount:	I	II	III	IV	V	VI		
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address		<u>P.O. Box 260180</u>									
		Street							Suite #		
		<u>Baton Rouge</u>	<u>LA</u>				<u>70826</u>				
		City	State				Zip Code				
Name of Guarantor (if any) <u></u>											

**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 <u>Mortgage on 900 Dean Lee Drive</u>							
Name of Creditor <u>Wells Fargo Bank NA</u>			Amount:	I	II	III	IV	V	VI
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address <u>P.O. Box 5708</u>		Street			Suite #				
		<u>Springfield</u>			<u>OH</u>			<u>45501</u>	
		City			State			Zip Code	
Name of Guarantor (if any) _____									

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability <u>Credit Line</u>							
Name of Creditor <u>Chase</u>			Amount:	I	II	III	IV	V	VI
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address <u>P.O. Box 94014</u>		Street			Suite #				
		<u>Palatine</u>			<u>TX</u>			<u>60094</u>	
		City			State			Zip Code	
Name of Guarantor (if any) _____									

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability _____							
Name of Creditor _____			Amount:	I	II	III	IV	V	VI
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address _____		Street			Suite #				
		City			State			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 require 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 and 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 that might trigger a

financial disclosure statement include the LA Student Financial Assistance Commission, the Louisiana Children's

Cabinet and the Teachers' Retirement System of Louisiana.

SCHEDULE L
CONTRIBUTIONS

Check if Not Applicable

Any filer required to file a La R.S. 42:1124 personal financial disclosure statement and who is directly employed by a statewide elected official to serve as an agency head and who made a contribution in excess of \$1,000 to a campaign of the official who employed the filer shall disclose: 1) the date of employment; 2) his salary; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

* Only those contributions or loans made within one (1) year of employment are required to be disclosed.

* See the instruction page for applicable definitions.

Date of Employment: _____ Salary: _____	Candidate Name: _____ Amount of contribution or loan: _____
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