

PERSONAL FINANCIAL DISCLOSURE "TIER 2.1"

LSA-R.S. 42:1124.2.1

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 20 09

I hold multiple offices/positions that fall under Tier 2.1 and/or would require a filing under Tier 3. If this box is checked, filer must complete Schedule E.

Full Name of Filer: CHARLES H. CHATELAIN

Mailing Address: 3501 NW EVANGELINE THRUWAY

Street

CARENCRO

City

LA

State

Apt #

70520

Zip Code

Name of Board or Commission LOUISIANA PRISON ENTERPRISE / LAFAYETTE AIRPORT COMMISSION

Date of Appointment 7/25/09 / 8/5/08

Expiration of Appointment NA / 8/4/12

Full Name of Spouse: JESSICA L. CHATELAIN

Spouse's Occupation: HOMEMAKER

Spouse's Principal Business Address, if any:

Street

City

State

Suite #

2 AM #58

Zip Code

2010 MAY 2 AM 10:58 RECEIVED FINANCIAL INVESTIGATION COMPLAINT FINANCE

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.

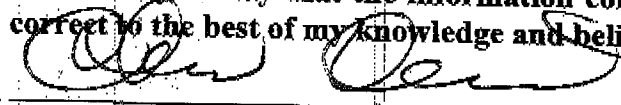
I do hereby certify that neither I nor any member of my immediate family has a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.

OR

I have attached a statement describing each conflict and action I am taking to resolve or avoid this conflict.

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.



Signature of Filer

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 type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name N/A	Job Title
Job Description	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer Name N/A	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 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 (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 \$ _____
Name of Business, if applicable: STATE OF LOUISIANA - OSUP	
Name of Source of Income: BOARD FEES - LOUISIANA PRISON ENTERPRISE BOARD	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address: P O BOX 94095	
Street	Suite #
BATON ROUGE	70804
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 C 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	100	%
Name of Business DELTA MEDIA CORPORATION					
Address P O BOX 159					
Street					
CARENCRO			LA	Suite #	
City			State	70520	
Business Description A DELAWARE CORPORATION					
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER					
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business REALTY ONE, INC.					
Address 3501 N W EVANGELINE THRUWAY					
Street					
CARENCRO			LA	Suite #	
City			State	70520	
Business Description A LOUISIANA CORPORATION					
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER					
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business DIMENSION ENTERPRISES, LTD.					
Address 3501 N W EVANGELINE THRUWAY					
Street					
CARENCRO			LA	Suite #	
City			State	70520	
Business Description A LOUISIANA CORPORATION					
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER					

SCHEDULE C 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 100 %
Name of Business KADN BROADCASTING, INC.		
Address 3501 N W EVANGELINE THRUWAY		
Street		
CARENCRO		Suite #
City		70520
LA		Zip Code
State		
Business Description A DELEWARE CORPORATION		
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest 100 %
Name of Business DELTA COMMUNICATION CORPORATION		
Address P O BOX 159		
Street		
CARENCRO		Suite #
City		70520
LA		Zip Code
State		
Business Description A LOUISIANA CORPORATION		
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest 100 %
Name of Business LAFAYETTE AERO, INC.		
Address 3501 N W EVANGELINE THRUWAY		
Street		
CARENCRO		Suite #
City		70520
LA		Zip Code
State		
Business Description A LOUISIANA CORPORATION		
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER		

SCHEDULE C 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>49.9</u> %
Name of Business <u>ABDALLA'S LAPAYETTE, INC.</u>	
Address <u>3501 N W EVANGELINE THRUWAY</u>	
Street	
<u>CARENCRO</u>	Suite #
City	<u>LA</u>
	70520
	State
	Zip Code
Business Description <u>A LOUISIANA CORPORATION</u>	
Nature of Association <u>SHAREHOLDER / DIRECTOR / OFFICER</u>	
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest <u>50</u> %
Name of Business <u>ST MARY BOULEVARD, LLC</u>	
Address <u>3501 N W EVANGELINE THRUWAY</u>	
Street	
<u>CARENCRO</u>	Suite #
City	<u>LA</u>
	70520
	State
	Zip Code
Business Description <u>A LOUISIANA LIMITED LIABILITY COMPANY</u>	
Nature of Association <u>MEMBER / MANAGER</u>	
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest <u>50</u> %
Name of Business <u>NETWORK TELEPHONE AND TELEGRAPH LLC</u>	
Address <u>3501 N W EVANGELINE THRUWAY</u>	
Street	
<u>CARENCRO</u>	Suite #
City	<u>LA</u>
	70520
	State
	Zip Code
Business Description <u>A LOUISIANA LIMITED LIABILITY COMPANY</u>	
Nature of Association <u>MEMBER / MANAGER</u>	

SCHEDULE C 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	50	%
Name of Business HI HEELS, INC.					
Address 3501 N W EVANGELINE THRUWAY					
Street					
CARENCRO				Suite #	
City				70520	
				State	
				Zip Code	
Business Description A LOUISIANA LIMITED LIABILITY COMPANY					
Nature of Association MEMEBER / MANAGER					
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	50	%
Name of Business WAREHOUSE ENTERPRISES, LLC					
Address 3501 N W EVANGELINE THRUWAY					
Street					
CARENCRO				Suite #	
City				70520	
				State	
				Zip Code	
Business Description A LOUISIANA LIMITED LIABILITY COMPANY					
Nature of Association MEMBER / MANAGER					
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	Amount of Interest	100	%
Name of Business FAR HORIZON, LTD.					
Address 3501 N W EVANGELINE THRUWAY					
Street					
CARENCRO				Suite #	
City				70520	
				State	
				Zip Code	
Business Description A LOUISIANA CORPORATION					
Nature of Association SHAREHOLDER / DIRECTOR / OFFICER					

SCHEDULE C 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 type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest <u>16.67</u> %
Name of Business <u>GEORGE R. LANDRY FAMILY, LLC</u>	
Address <u>156 GRAND AVE.</u>	
Street <u>LAFAYETTE</u>	Suite # <u></u>
City <u></u>	State <u>LA</u>
	Zip Code <u>70503</u>
Business Description <u>A LOUISIANA LIMITED LIABILITY COMPANY</u>	
Nature of Association <u>MEMBER</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 D 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 TALENTS MINISTRY INC.		
Nature of Association ORGANIZER / DIRECTOR		
Address 3501 N W EVANGELINE THRUWAY		
Street		
CARENCRO	LA	Suite #
City	State	70520
Organization Description A LOUISIANA NON-PROFIT CORPORATION		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization LOUISIANA PRISONS CHAPEL FOUNDATION, INC.		
Nature of Association DIRECTOR		
Address 527 NORTH BLVD		
Street		
BATON ROUGE	LA	Suite #
City	State	70802
Organization Description A LOUISIANA NON-PROFIT CORPORATION		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization		
Nature of Association		
Address		
Street		
		Suite #
City	State	Zip Code
Organization Description		

SCHEDULE F CONTRIBUTIONS

Check if Not Applicable

Any filer required to file a La R.S. 42:1124.2.1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose: 1) the date of appointment; 2) any compensation provided for such position; 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 appointment are required to be disclosed.
* See the instruction page for applicable definitions.

Date of Employment: <u>7/25/09 LPE</u>	Candidate Name: <u>BOBBY JINDAL</u>
Salary: <u>\$0.00</u>	Amount of contribution or loan: <u>\$5,000.00</u>
Date of Employment: <u>7/25/09 LPE</u>	Candidate Name: <u>REP PARTY OF LA</u>
Salary: <u>\$0.00</u>	Amount of contribution or loan: <u>\$5,000.00</u>
Date of Employment: <u>7/25/09 LPE</u>	Candidate Name: <u>BOBBY JINDAL</u>
Salary: <u>\$0.00</u>	Amount of contribution or loan: <u>\$5,000.00</u>
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____
Date of Employment: _____	Candidate Name: _____
Salary: _____	Amount of contribution or loan: _____