

LOUISIANA BOARD OF ETHICS  
2010 APR 10 10:44

**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

# TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

- ORIGINAL REPORT
- AMENDED REPORT

**This Report Covers Calendar Year:** 2010

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed Schedule L.

**Office/Position Held:** Bossier Parish Assessor

**Name of Filer** (print full name) Bobby Wayne Edmiston

Mailing Address 1001 Bay Ridge Dr.

City, State, Zip Benton, LA 71006

**Name of Spouse** (print full name) Stephanie Delay Edmiston

Spouse's Occupation Marketing and Customer Service Consultant

Spouse's Principal Business Address 1910 Citizens Bank Dr.

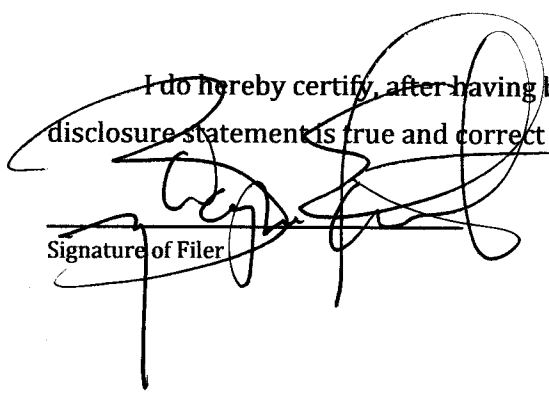
City, State, Zip Bossier City, LA 71111

**Check all that apply:**

- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year **AND** I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

### Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.



Signature of Filer

Sworn to and subscribed before me this 14 day of April, 2011.

Susan M Jordan

Notary Public (print name)

Susan M Jordan

Notary Public (signature)

ID# 59203

Date Commission Expires life

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule A: Employment Information**

Check if not applicable

Filer  Spouse  Full-Time  Part-Time

Job Title: Assessor

Name of Employer: Bossier Parish Assessor

Address: 204 Burt Blvd.

City, State, Zip: Benton, LA 71006

Job Description: Administration of Bossier Parish Assessor Office

Filer  Spouse  Full-Time  Part-Time

Job Title: Sergeant

Name of Employer: Louisiana National Guard

Address: 4156 Military Dr.

City, State, Zip: Bossier City, LA 71111

Job Description: Soldier - Army National Guard

Filer  Spouse  Full-Time  Part-Time

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Filer  Spouse  Full-Time  Part-Time

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule B: Positions - Business**

Check if not applicable

Filer     Spouse     Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: Ocean Marketing Group, LLC

Address: 1910 Citizens Bank Dr.

City, State, Zip: Bossier City, LA 71111

Business Description: Outsourced Marketing Services

Nature of Association: President and CEO

Filer     Spouse     Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Filer     Spouse     Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

\* You are required to complete Schedule B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule C: Positions - Nonprofit**

Check if not applicable

Filer     Spouse

Name of Organization: Bossier Parish Republican PEC

Address: P.O. Box 72571

City, State, Zip: Bossier City, LA 71171

Nature of Association: Member

Description of Organization: Parish Republican Party

Filer     Spouse

Name of Organization: Louisiana Asset Management Pool, Inc

Address: 228 St.. Charles Ave

City, State, Zip: New Orleans, LA 70130

Nature of Association: Board Member

Description of Organization: Government Entities Asset Pool

Filer     Spouse

Name of Organization: Louisiana Assessors PAC

Address: P.O. Box 14699

City, State, Zip: Baton Rouge, LA 70898-4699

Nature of Association: Chairman

Description of Organization: Political Action Committee for Assessors

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule C: Positions - Nonprofit**

Check if not applicable

Filer     Spouse

Name of Organization: State Fair of Louisiana

Address: 3701 Hudson Ave.

City, State, Zip: Shreveport, LA 71109-5348

Nature of Association: Board Member

Description of Organization: Operation of State Fair of Louisiana

Filer     Spouse

Name of Organization: CHRISTUS Health NLA Regional Board

Address: One Saint Mary Place

City, State, Zip: Shreveport, LA 71101

Nature of Association: Board Member

Description of Organization: Hospital System

Filer     Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Description of Organization: \_\_\_\_\_

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political** Check if not applicable**Subdivisions, and/or Gaming Interests** Filer     Spouse     Business (where amount of interest exceeds 10%)Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: Bossier Parish AssessorAddress: 204 Burt BlvdCity, State, Zip: Benton, LA 71006Amount of Income (exact dollar amount): \$ 114,093.53 Filer     Spouse     Business (where amount of interest exceeds 10%)Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: DFAS (Louisiana National Guard)Address: 8899 East 56th StreetCity, State, Zip: Indianapolis, IN 46249Amount of Income (exact dollar amount): \$ 6,155.36 Filer     Spouse     Business (where amount of interest exceeds 10%)Type of Income:     State     Political Subdivision     Gaming InterestName of Business (if applicable): Ocean Marketing Group, LLCName of Income Source: Bossier Levee DistrictAddress: P.O. Box 8379City, State, Zip: Bossier City, LA 71113 (Income below reflects total payment of \$315 less CGS and OE.)Amount of Income (exact dollar amount): \$ 93.10

\* You are required to complete Schedule D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule D: Income from the State, Political**

Check if not applicable

**Subdivisions, and/or Gaming Interests**

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): Ocean Marketing Group, LLC

Name of Income Source: Shreveport Bossier Convention & Tourist Bureau

Address: 629 Spring Street

City, State, Zip: Shreveport, LA 71101 (\*Partial invoice of \$1725 less GDS /OE = -\$130. Final payment received 2011)

Amount of Income (exact dollar amount): \$ 0.00

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete Schedule D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule E: Income Received from  
Employment**

Check if not applicable

Filer     Spouse     Full-Time     Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_

Amount of Income:     Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
                                   Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

Filer     Spouse     Full-Time     Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_

Amount of Income:     Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
                                   Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

Filer     Spouse     Full-Time     Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_

Amount of Income:     Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
                                   Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

\* You are required to complete Schedule E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* Income that is reported on Schedule D does not have to be restated on Schedule E.

\* Income received through *self-employment* is reported on Schedule F.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.



**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule F: Income Received from  
Business Interests**

Check if not applicable

**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

Filer     Spouse

Name of Business: Ocean Marketing Group, LLC

Address: 1910 Citizens Bank Dr.

City, State, Zip: Bossier City, LA 71111

Nature of services rendered OR  
reason income was received: Outsourced Marketing Services

Filer     Spouse

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered OR  
reason income was received: \_\_\_\_\_

Filer     Spouse

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered OR  
reason income was received: \_\_\_\_\_

\*You are required to complete Schedule F if you or your spouse received income from a business interest.  
\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.  
\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.  
\*Income reported on Schedule D or E does not have to be restated on Schedule F.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule G: Other Income**

Check if not applicable (Any other income that exceeds \$1,000 from each source)

Filer  Spouse

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

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

Filer  Spouse

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

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

Filer  Spouse

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

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

\*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.  
\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.  
\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.  
\*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.  
\*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule H: Immovable Property**

(Property that exceeds \$2,000 in value)

Check if not applicable

|   |  |   |  |
|---|--|---|--|
| Location of Property  | <input type="checkbox"/> Filer                             | <input type="checkbox"/> Spouse                                       | <input checked="" type="checkbox"/> Both |
| Country: <u>USA</u>   | State: <u>Louisiana</u>                                    | Parish/County: <u>Bossier</u>   |  |
| Description of Property:  |  |   |  |
| <u>Lot 1, Bay Hills North Subdivision, Unit 1, Bossier City, LA</u> |  |   |  |
| Value of Property:  | <input type="checkbox"/> Category I (less than \$5,000)    | <input type="checkbox"/> Category II (\$5,000-\$24,999)               |  |
|   | <input type="checkbox"/> Category III (\$25,000-\$100,000) | <input checked="" type="checkbox"/> Category IV (more than \$100,000) |  |
| Location of Property  | <input type="checkbox"/> Filer                             | <input type="checkbox"/> Spouse                                       | <input type="checkbox"/> Both            |
| Country: _____  | State: _____   | Parish/County: _____  |  |
| Description of Property:  |  |   |  |
|   |  |   |  |
| Value of Property:  | <input type="checkbox"/> Category I (less than \$5,000)    | <input type="checkbox"/> Category II (\$5,000-\$24,999)               |  |
|   | <input type="checkbox"/> Category III (\$25,000-\$100,000) | <input type="checkbox"/> Category IV (more than \$100,000)            |  |
| Location of Property  | <input type="checkbox"/> Filer                             | <input type="checkbox"/> Spouse                                       | <input type="checkbox"/> Both            |
| Country: _____  | State: _____   | Parish/County: _____  |  |
| Description of Property:  |  |   |  |
|   |  |   |  |
| Value of Property:  | <input type="checkbox"/> Category I (less than \$5,000)    | <input type="checkbox"/> Category II (\$5,000-\$24,999)               |  |
|   | <input type="checkbox"/> Category III (\$25,000-\$100,000) | <input type="checkbox"/> Category IV (more than \$100,000)            |  |

\* If the immovable property does not have an address, disclose the location by state and parish or county.  
\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule I: Investment Holdings**

Check if not applicable

(An investment holding that exceeds \$5,000)

Filer  Spouse  Both

Name of Security:

JP Morgan Chase

Description of Security:

Stock

Filer  Spouse  Both

Name of Security:

Description of Security:

Filer  Spouse  Both

Name of Security:

Description of Security:

\* You are required to complete SCHEDULE I if you or your spouse (either individually or collectively) holds investment securities where each investment security has a value that exceeds \$5,000.

\*You are not required to disclose 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, or cash/cash equivalent investments.

\*You are not required to disclose 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.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule J: Transactions**

Check if not applicable

(A transaction that exceeds \$5,000)

Filer  Spouse  Both

Transaction Date: \_\_\_\_\_

Description of Transaction:

---

Amount of Transaction:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

Filer  Spouse  Both

Transaction Date: \_\_\_\_\_

Description of Transaction:

---

Amount of Transaction:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

Filer  Spouse  Both

Transaction Date: \_\_\_\_\_

Description of Transaction:

---

Amount of Transaction:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse (either individually or collectively) purchased or sold any immovable property, 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 (which exceeds \$5,000 each).  
\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule K: Liabilities**

Check if not applicable

**(A liability that exceeds \$10,000)**

|  |
|--|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (If applicable): _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (If applicable): _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (If applicable): _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (If applicable): _____ |

\*You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose 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.

\*You are not required to disclose 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.

\*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule L: Other Offices/Positions Held**

Check if not applicable

|   |
|---|
| <b>Name of Office/Position:</b> Interstate 49 North Extension Feasibility and Funding Task Force - Member |
| <b>Name of Office/Position:</b> Louisiana Asset Management Pool, Inc. - Board Member                      |
| <b>Name of Office/Position:</b> State Fair of Louisiana - Board Member                                    |
| <b>Name of Office/Position:</b> Bossier Parish Republican Parish Executive Committee - Member             |
| <b>Name of Office/Position:</b> _____   |
| <b>Name of Office/Position:</b> _____   |
| <b>Name of Office/Position:</b> _____   |
| <b>Name of Office/Position:</b> _____   |
| <b>Name of Office/Position:</b> _____   |
| <b>Name of Office/Position:</b> _____   |

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.2.1 or 1124.3.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule M: Positions - Business**

Check if not applicable (To be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Filer       Spouse       Both

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Amount of Interest: \_\_\_\_\_ %

Filer       Spouse       Both

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Amount of Interest: \_\_\_\_\_ %

Filer       Spouse       Both

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Amount of Interest: \_\_\_\_\_ %

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

\* Information disclosed on SCHEDULE R does not have to be restated on SCHEDULE M.



**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule N: Income from the State  
and/or Political Subdivisions**

Check if not applicable

(To be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)

|   |   |                                |                                 |                                   |
|---|---|--------------------------------|---------------------------------|-----------------------------------|
|   |   | <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Business |
| Type of Income:                         | <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision |                                |                                 |                                   |
| Name of Business (if applicable):       | _____   |                                |                                 |                                   |
| Name of Income Source:                  | _____   |                                |                                 |                                   |
| Address:                                | _____   |                                |                                 |                                   |
| City, State, Zip:                       | _____   |                                |                                 |                                   |
| Amount of Income (exact dollar amount): | \$ _____  |                                |                                 |                                   |
|   |   | <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Business |
| Type of Income:                         | <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision |                                |                                 |                                   |
| Name of Business (if applicable):       | _____   |                                |                                 |                                   |
| Name of Income Source:                  | _____   |                                |                                 |                                   |
| Address:                                | _____   |                                |                                 |                                   |
| City, State, Zip:                       | _____   |                                |                                 |                                   |
| Amount of Income (exact dollar amount): | \$ _____  |                                |                                 |                                   |
|   |   | <input type="checkbox"/> Filer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Business |
| Type of Income:                         | <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision |                                |                                 |                                   |
| Name of Business (if applicable):       | _____   |                                |                                 |                                   |
| Name of Income Source:                  | _____   |                                |                                 |                                   |
| Address:                                | _____   |                                |                                 |                                   |
| City, State, Zip:                       | _____   |                                |                                 |                                   |
| Amount of Income (exact dollar amount): | \$ _____  |                                |                                 |                                   |

- \* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- \* You are required to disclose all income received by a business in which you or your spouse received (either individually or collectively) - regardless of the percentage of ownership in the business.
- \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule O: Income from a  
Governmental Entity**

Check if not applicable

(To be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).