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ETHICS AND HUSTRATION
CAMPAINS FUNANCE
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KBCA CWTV41

Fax: 13378962695

May 13 2011 09:31am P003/018

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

□AMENDED KEYOKT	KBCA CWTV41		Fax: 13378962695	May 13 2011 09:31am P004/0	018
I currently hold an office that we As such, I have completed Schedule	ould require me to file E.	a Tie	er 3 Personal Financi	al Disclosure Statement.	
Name of Filer (print full name) CH	ARLES H. CHATELAIN		•		
Address (residence) 2130 BEA	AU BASSIN RD.				
City, State, Zip CARENCE	O, LA 70520				
Name of Board/Commission	(NO ABBREVIATIONS) LOUI	SIANA	PRISON ENTERPRISE /	LAFAYETTE ARIPORT COMMIS	SIO
Date of Appointment: 7/25	5/09 / 8/5/08		,	CATALLITE ANII ON COMMISS	3101
Date Appointment Expire	"""""""""""""""""""""""""""""""""""""				
Name of Spouse (print full name)	*	<u>,</u>			
Spouse's Occupation HOM					
Principal Business Addre	······				
City, State, Zip			· · · · · · · · · · · · · · · · · · ·		
CHECK ONE: Neither I, nor any member of my is business, or a personal or financial impartial performance of my duties. I have attached a statement describ	mmediate family, have relationship, that in an	a pers y way	sonal or financial inter poses a conflict of int	est in any entity, contract, or erest, which would affect the	
Check all that apply:					
igotimesI have filed my state income tax r	eturn for the previou	s yea	ŕ.		
\square I have filed for an extension of m	y state income tax ret	urn f	or the previous year	1	
⊠l have filed my federal income ta	x return for the previ	ous y	ear.		
\square I have filed for an extension of m					
NOTE: La. R.S. 42:1124.2.1 d personal financial disclosure	oes not provide you ti statement	ie opj	portunity to request :	ın extension in filing your	
	<u>Certification</u>	ı of A	Accuracy		

Revised February 2011

and correct to the best of my knowledge and belief.

Form 417

I do hereby certify that the information contained in this personal financial disclosure statement is true

Signature of Filer www.ethics.state.la.us

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Baton Rouge, Louisiana 70021

Schedule A: Employment Information

DA CHECK II HOL a	Miranie						
⊠Filer □Spou	se	☐Full-Time	Part-Time	<u> </u>			
Name of Emplo	yer: N/A						
Job Title							
	ription:						
∏Filer ⊠Spou			□Part-Time	- V-			
Name of Emplo	yer: N/A						
Job Title	:				<u> </u>		
	ription:						
∏Filer ∏Spou	se	∏Full-Time	Part-Time	•		<u> </u>	
Name of Emplo	yer:						
	:						
	ription:						
∏Filer ∏Spou			□Part-Time	·			
Name of Emplo	yer:						}
Job Desc	ription:						

- You are required to disclose on SCHEDULE A 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 fulltime or part-time.

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Schedule B: 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 Busin	ness (if applic	able): STATE OF LOUISIANA - OSUP
Name of Inco	me Source: £	OARD FEES - LOUISIANA PRISON ENTERPRISE BOARD
	s: POBOX 94	
City, St	ate, Zip: BATO	N ROUGE, LA 70804
Amount of Inc	come (exact de	llar amount): \$ 900.00
□Filer []Spouse	Business (where amount of interest exceeds 10%)
		Type of Income: State Political Subdivision Gaming Interest
Name of Busi	ness (if applic	able):
Name of Inco	me Source: _	
Addres	is:	
City, St	ate, Zip:	
1 .		llar amount): \$
□Filer [Spouse	Business (where amount of interest exceeds 10%)
		Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest
Name of Busi	ness (if applic	able):
Name of Inco	me Source:	
Addres	ss:	
City, St	ate, Zip:	
		ollar amount): \$

^{*} You are required to complete SCHEDULE B 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.

^{*&}quot;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.

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		KBCA CWTV41	Fax: 13378962695	May 13 2011 09:	31am P008/018
⊠Filer □Spouse	e 🔲 Both				
Amount of Interest (wi	vere interest exceeds	10%3: 100	_%		
Name of Business: D	ELTA MEDIA CORPO	RATION	·		
Address: 3	501 N W EVANGELIN	IE THRUWAY			
City, State, Zi	p: CARENCRO, LA 7	0520			
Business Description	n: A DELAWARE (ORPORATION			
Nature of Associatio	n: SHAREHOLDER	DIRECTOR / OFFICER			
⊠Filer □Spous	se Both	<u>, , , , , , , , , , , , , , , , , , , </u>			
Amount of Interest (w)	here interest exceeds	10%): 100			
Name of Business: R	EALTY ONE, INC.				
Address: 3	501 N W EVANGELIN	IE THRUWAY			
City, State, Zi	p: CARENCRO, LA 7	′0520			
Business Descriptio	n: <u>A LOUISIANA</u> (ORPORATION			· · · · · · · · · · · · · · · · · · ·
Nature of Associatio	SHAREHOLDER	/ DIRECTOR / OFFICER			
⊠Filer □Spous	se Both				
Amount of Interest (w	here interest exceeds	10%): 100	%		
Name of Business: ^k	(ADN BROADCASTIN	IG, INC.			
Address:	3501 N W EVANGELI	NE THRUWAY		,	
City, State, Zi	ip: CARENCRO, LA 7	'0520			
Business Descriptio	n: A DELEWARE	CORPORATION			
Nature of Association					

^{*} You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>and</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;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.

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Li Check if not applicable	
⊠Filer □Spouse □Both	
Amount of Interest (where interest exceeds 10%): 100	_%
Name of Business: DELTA COMMUNICATIONS CORPORATION	
Address: 3501 N W EVANGELINE THRUWAY	
City, State, Zip: CARENCRO, LA 70520	
Business Description: A LOUISIANA CORPORATION	
Nature of Association: SHAREHOLDER / DIRECTOR / OFFICER	
⊠Filer □Spouse □Both	
Amount of Interest (where interest exceeds 10%): 100	_%
Name of Business: LAFAYETTE AERO, INC.	
Address: 3501 N W EVANGELINE THRUWAY	
City, State, Zip: CARENCRO, LA 70520	
Business Description: A LOUISIANA CORPORATION	
Nature of Association: SHAREHOLDER / DIRECTOR / OFFICER	
⊠Filer □Spouse □Both	······································
Amount of Interest (where interest exceeds 10%): 49.9	_%
Name of Business: ABDALLA'S LAFAYETTE, INC.	
Address: 3501 N W EVANGELINE THRUWAY	
City, State, Zip: CARENCRO, LA 70520	
Business Description: A LOUISIANA CORPORATION	
Nature of Association: SHAREHOLDER/DIRECTOR/OFFICER	

^{*} You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>and</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;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.

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		KBCA CWTV41	Fax: 13378962695	May 13 2011 09:32am P	011/010
⊠Filer □Spo	use 🔲 Bot		1 dx • 13310302033	May 13 2011 03:32411 11	011/010
Amount of Interest (where interest ex	ceeds 10%): <u>50</u>	%		
Name of Business:	ST MARY BOULS	EVARD, LLC	_		
Address:	3501 N W EVAN	GELINE THRUWAY			
City, State,	Zip: CARENCRO	LA 70520			
Business Descripti	on: A LOUISIA	NA LIMITED LIABILITY CO	OMPANY		
Nature of Associat	ion: MEMEBER	/ MANAGER		*	
⊠Filer □Spo	use Bo			****	
Amount of Interest (where interest ex	ceeds 10%): 50	%		
Name of Business:	NETWORK TELE	PHONE AND TELEGRAPH LLC	 <u>-</u>		
Address:	3501 N W EVAN	GELINE THRUWAY			
City, State,	Zip: CARENCRO	LA 70520			
Business Descripti	on: A LOUISIA	NA LIMITED LIABILITY CO	OMPANY		
Nature of Associat	ion: MEMBER/	MANAGER			
⊠Filer □Spo	use 🔲 Bo	th			
Amount of Interest	where interest ex	ceeds 10%): 50	%		
Name of Business:	HI HEELS, LLC				
Address:	3501 N W EVAN	GELINE THRUWAY			
City, State,	Zip: CARENCRO	, LA 70520			· · · · · · · · · · · · · · · · · · ·
Business Descript	ion: A LOUISIA	NA LIMITED LIABILITY C	OMPANY		
Nature of Associat	ion: MEMBER/	MANAGER			
•					

^{*} You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;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

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Check if not applicable					
⊠Filer □Spouse □Both	· · · · · · · · · · · · · · · · · · ·				
Amount of Interest (where interest exceeds 10%): 50	%				
Name of Business: WAREHOUSE ENTERPRISES, LLC					
Address: 3501 N W EVANGELINE THRUWAY					
City, State, Zip; CARENCRO, LA 70520		4			
Business Description: A LOUISIANA LIMITED LIABILITY (COMPANY				
Nature of Association: MEMBER/MANAGER					
⊠Filer □Spouse □Both					
Amount of Interest (where interest exceeds 10%): 100	%				
Name of Business: FAR HORIZON, LTD.					
Address: 3501 N W EVANGELINE THRUWAY					
City, State, Zip: CARENCRO, LA 70520					
Business Description: A LOUISIANA CORPORATION					
Nature of Association: SHAREHOLDER / DIRECTOR / OFFICER					
□Filer ☑Spouse □Both					
Amount of Interest (where interest exceeds 10%): 16.67	%				
Name of Business: GEORGE R. LANDRY FAMILY, LLC					
Address: 156 GRAND AVE.		, , , , , , , , , , , , , , , , , , , ,			
City, State, Zip: LAFAYETTE, LA 70503					
Business Description: A LOUISIANA LIMITED LIABILITY COMPANY					
Nature of Association: MEMBER					

^{*} You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;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.

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Check if not applicable
⊠Filer □Spouse □Both
Amount of Interest (where interest exceeds 10%): 34.2
Name of Business: GULF MANAGEMENT, LLC OF DELEWARE
Address: 3501 N W EVANGELINE THRUWAY
City, State, Zip: CARENCRO, LA 70520
Business Description: A DELEWARE LIMITED LIABILITY COMPANY
Nature of Association: MEMBER/MANAGER
⊠Filer □Spouse □Both
Amount of Interest (where interest exceeds 10%): 100 %
Name of Business: DELTA RIDGE RANCH, LLC
Address: 3501 N W EVANGELINE THRUWAY
City, State, Zip: CARENCRO, LA
Business Description: A LOUISIANA LIMITED LIABILITY COMPANY
Nature of Association: MEMBER/MANAGER
Filer Spouse Both
Amount of Interest (where interest exceeds 10%): %
Name of Business:
Address:
City, State, Zip:
Business Description:
Nature of Association:

^{*} You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;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.

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Schedule D: Positions - Nonprofit

⊠Filer □Spous		KBCA CWTV41	Fax: 13378962695	May 13 2011 0	9:32am	P015/018
Name of Organizat		STRY INC.				
1	DI N W EVANGELINE					
City, State, Zi	ip: CARENCRO, LA	70520				
Nature of Associati						
Description of Org	anization: A LOL	JISIANA NON-PROFI	T CORPORATION			
⊠Filer □Spous	se					
Name of Organizat	ion: LOUISIANA PR	ISONS CHAPEL FOUNDA	ATION, INC.			
Address: 527	NORTH BLVD.					
City, State, Zi	p: BATON ROUGE,	LA 70802		7 -0		
Nature of Associati	on: DIRECTOR					****
Description of Orga	anization: A LOU	JISIANA NON-PROFI	T CORPORATION			
⊠Filer □Spous	· · ·	<u> </u>				
Name of Organizat	ion: CHRIST OUR KI	ING COMMUNICATIONS				
Address: PC) BOX 159					
City, State, Zi	p: <u>CARENCRO, LA</u>	70520		~ ~		
Nature of Associati	on: BOARD MEM	BER	440			
Description of Org	anization: A LOU	JISIANA NON-PROFI	T CORPORATION			

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Schedule E: Other Offices/Positions Held

	KBCA CWTV41	Fax: 13378962695	May 13 2011 09:32am (P017/018
Name of Office/Position:	<u> </u>			~
Name of Office/Position:			· · · · · · · · · · · · · · · · · · ·	
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:	<u> </u>			
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:			<u>~</u>	
Name of Office/Position	444		***	
Name of Office /Posision	7	` `		

* "Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.

Revised February 2011 Form 417 www.ethics.state.la.us

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

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Check if not applicable	Schedule F: Contributions (Made within one year of appointment - in excess of \$1,000)

Date of Appointment: 7/25/2009	
Compensation: \$ 900	
	Candidate Name: FRIENDS OF BOBBY JINDAL
	Amount of Contribution and/or Loan: \$ 6,000
Date of Appointment: 7/25/2009	
Compensation: \$ 900	
	Candidate Name: CARLOS STOUT
	Amount of Contribution and/or Loan: \$ 1,000
Date of Appointment: 7/25/2009	
Compensation: \$ 900	
	Candidate Name: BUDDY CALDWELL
	Amount of Contribution and/or Loan: \$ 5,500
Date of Appointment: 7/25/2009	
Compensation: \$ 900	
	Candidate Name: HUNT DOWNER
	Amount of Contribution and/or Loan: \$ 2,400
Date of Appointment: 7/25/2009	
Compensation: \$ 900	
	Candidate Name: PHYLLIS MONTGOMERY KEATY
	Amount of Contribution and/or Loan: \$ 1,000

^{*} You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution in excess of \$ 1,000 to campaign of the official who appointed you.

You are only required to disclose contributions or loans made within one year of appointment.

^{* &}quot;Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office. *"Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters, except the president or vice president of the United States, presidential elector, delegate to the political party convention, U.S. Senator, U.S. Congressman, or a political party office.

^{* &}quot;Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

^{* &}quot;Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.