

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 1 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, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed Schedule K.

NOTE: PRIOR YEAR REQUIREMENT OF TIER 2.1 AS FIRST ASSISTANT SECRETARY OF STATE

Office/Position Held: SECRETARY OF STATE (EFFECTIVE 11-22-10)

Name of Filer (print full name)

John T. (Tom) SCHEDLER JR.

Address (residence)

7211 BROOKWOOD DRIVE

City, State, Zip

MANDERVILLE, LOUISIANA 70471

Name of Spouse (print full name)

Stephanie GELÉ SCHEDLER

Spouse's Occupation

CEO - Glendale Healthcare

Principal Business Address

2680 U.S. Highway 190

City, State, Zip

Mandeville, LA. 70471

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.

NOTE: La. R.S. 42:1124.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

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 16th day of May, 2011

WILLIAM E. CRAWFORD, JR., BAR NO. 24061

Notary Public (print name)

Notary Public (signature)

ID#

Date Commission Expires at death

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>STATE OF LOUISIANA</u>			
Job Title: <u>SECRETARY OF STATE</u>			
Job Description: <u>CONSTITUTIONAL STATEWIDE OFFICE</u>			
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>Glendale Healthcare I</u>			
Job Title: <u>CEO</u>			
Job Description: <u>OWNER/OPERATOR OF Hospice Acoustics Mississippi AWN LOUISIANA</u>			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>HARRY G. SCHEDLER AND ASSOCIATES</u>			
Job Title: <u>LA. REAL ESTATE BROKER</u>			
Job Description: <u>SALES OF REAL ESTATE</u>			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time (one mtg per month)
Name of Employer: <u>Whitney NATIONAL BANK</u>			
Job Title: <u>ADVISOR NATIONWIDE Bank Member (AS Previous Member of LOUISIANA NATIONAL BANK BOARD)</u>			
Job Description: <u>Attendance @ Monthly meetings 1st Thurs of Month</u>			

- You are required to complete SCHEDULE A 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

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Schedule B: Positions - Business

Check if not applicable

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 98 %

Name of Business: MEMORIAL Hospice And Palliative Care, LLC

Address: 1045 FLORIDA AVE

City, State, Zip: SLIBEL, LA 70658

NOTED Business Sold

11-23-10

Business Description: PROVIDER OF Hospice Care

Nature of Association: PRESIDENT - CEO - OWNER

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 98 %

Name of Business: PATIENT'S CHOICE Hospice And Palliative Care of Tallulah, LLC

Address: 10 CROTHERS DRIVE - Suite 2

City, State, Zip: TALLULAH, LA 70282

Business Description: PROVIDER OF Hospice Care

Nature of Association: PRESIDENT - CEO - OWNER

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 98 %

Name of Business: HOSPICE OF SOUTH LOUISIANA, LLC

Address: 6500 W. MAIN ST.

City, State, Zip: THOMAS, LA 70360

Business Description: PROVIDER OF Hospice Care

Nature of Association: PRESIDENT - CEO - OWNER

* 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.

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Schedule B: Positions - Business

Check if not applicable

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>98</u> %		
Name of Business: <u>PATIENT'S CHOICE Hospice AND Palliative Care of MS, LLC</u>		
Address: <u>1911 Meadow Lake - Suite A</u>		
City, State, Zip: <u>Washington MS. 39180</u>		
Business Description: <u>PROVIDER OF Hospice CARE</u>		
Nature of Association: <u>PRESIDENT - CEO - OWNER</u>		
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>98</u> %		
Name of Business: <u>Glendale Healthcare I</u>		
Address: <u>P.O. 650</u>		
City, State, Zip: <u>MANORVILLE LA 70470</u>		
Business Description: <u>OWNER OF Hospice Program</u>		
Nature of Association: <u>OWNER - CEO</u>		
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>98</u> %		
Name of Business: <u>Glendale Healthcare II</u>		
Address: <u>P.O. Box 650</u>		
City, State, Zip: <u>MANORVILLE LA</u>		
Business Description: <u>OWNER OF Hospice Program</u>		
Nature of Association: <u>OWNER - CEO</u>		

* 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.

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Schedule B: Positions - Business

Check if not applicable

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 98 %

Name of Business: Gondale Healthcare III

Address: P.O. Box 650

City, State, Zip: Monroe, La.

Business Description: OWNER OF Hospice Program

Nature of Association: OWNER-CEO

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

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 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

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Schedule C: Positions - Nonprofit

Check if not applicable

Filer Spouse

Name of Organization: LOUISIANA/MISSISSIPPI Hospice and Palliative Care Organization

Address: 717 Kerlerec

City, State, Zip: N.O. LA. 70116

Nature of Association: Consumer and Provider of Education for Hospice Services in two (2) State Area.

Description of Organization: Volunteer Membership organization of Providers in LA and MS

Filer Spouse

Name of Organization: Alliance for the Advancement of End of Life Care

Address: 717 Kerlerec

City, State, Zip: N.O. LA. 70116

Nature of Association: 501 (c) (4) Volunteer Organization to Educate - Promote and Advocate of quality of end of life care

Description of Organization: 501 (c) (4) organization. (MS and LA.)

Filer Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

LOUISIANA BOARD OF ETHICS

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Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests

Check if not applicable

Filer Spouse Business (where amount of interest exceeds 10%)
 Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): STATE OF LOUISIANA

Name of Income Source: SALARY - SECRETARY OF STATE

Address: P.O. Box 94125

City, State, Zip: BATON ROUGE, LA. 70804

Amount of Income (exact dollar amount): \$ 111,054.08

Filer Spouse Business (where amount of interest exceeds 10%)
 Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): MEMORIAL HOSPICE AND PALLIATIVE CARE, LLC

Name of Income Source: MEDICARE PORTION OF BUSINESS ONLY

Address: 1045 FLORIDA AVE

City, State, Zip: SHREVEPORT, LA. 70508

Amount of Income (exact dollar amount): \$ 32,490.41

MEDICARE Receipts from State of La. less contractual adjustments Ann Pass-Hurley

Filer Spouse Business (where amount of interest exceeds 10%)
 Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): PATIENT CHOICE HOSPICE AND PALLIATIVE CARE ACTON, LLC

Name of Income Source: MEDICARE PORTION OF BUSINESS ONLY

Address: 10 CROTHERS BLVD - SUITE 2

City, State, Zip: TALLAHULAH, LA. 71282

Amount of Income (exact dollar amount): \$ 172,933.52

MEDICARE Receipts from State of La. - less contractual adjustments Ann Pass-Hurley

* 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.

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

** "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
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**Schedule D: Income from the State, Political
 Subdivisions, and/or Gaming Interests**

Check if not applicable

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

Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): HOSPICES OF SOUTH LOUISIANA, LLC

Name of Income Source: MEDICARE PART D OF BUSINESS ONLY

Address: 6500 W. MAIN ST.

City, State, Zip: HOUMA, LA 70360

Amount of Income (exact dollar amount): \$ 69,611.64

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.

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

** "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.

Schedule E: Income

(Income that exceeds \$1,000 from each source)

Check if not applicable

Name of Source of Income: <u>Whitney National Bank</u> Address: _____ City, State, Zip: <u>NO. LA.</u> Nature of Services Rendered: <u>Member of Nat. Antislavery Society Bank</u> Type of Income: <u>ANNUITY PAYOUT FEES - AS FORMER MEMBER OF BANK (NOT BOND BANK)</u> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999) <input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Source of Income: <u>STATE OF LOUISIANA (STOWN SCHEDULE A)</u> Address: _____ City, State, Zip: <u>B.R. LA.</u> Nature of Services Rendered: <u>Secretary of State</u> Type of Income: <u>SALARY - ALLOWANCE</u> Amount of Income: <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-\$49,999) <input type="checkbox"/> Category IV (\$50,000-\$99,999) <input checked="" type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Source of Income: <u>SEE LIST OF PERSONAL PROPERTIES (SCH. G)</u> Address: _____ City, State, Zip: _____ Nature of Services Rendered: <u>MANAGER OF PERSONALLY OWNED PROPERTIES</u> Type of Income: <u>RENTAL INCOME (SCH. G)</u> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$49,999) <input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse

* You are required to complete SCHEDULE E if you or your spouse received income in excess of \$1,000 from each source of income.
 * "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 disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.
 * Income reported on Schedule D does not have to be restated on SCHEDULE E.
 * If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE F.

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Form 415A

Revised February 2011

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule F: Income from Certain Professional or Consulting Services
(CONTINUED)

RETAIL COMPANIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Beer Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Wine Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Liquor Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Beverage Distributors		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	

ASSOCIATIONS	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Trade		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Professional		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	

OTHER	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT
	SALES REAL ESTATE	2	<input type="checkbox"/> I	<input checked="" type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	REAL ESTATE RENTAL	SCM (S)	<input type="checkbox"/> I	<input type="checkbox"/> II	<input checked="" type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
	TRUST INCOME	SCM (S)	<input type="checkbox"/> I	<input type="checkbox"/> II	<input checked="" type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

* You are required to complete SCHEDULE F if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.
 * "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.

Category Ranges:
 Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)
 Revised February 2011

Category II (\$5,000-\$24,999)
 Category V (\$100,000-\$199,999)

Category III (\$25,000-\$49,999)
 Category VI (\$200,000 or more)

Form 415A

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LOUISIANA BOARD OF ETHICS

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Schedule F: Income from Certain Professional or Consulting Services

CHECK if no income was received 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 would be prohibited by law or by a professional code.

UTILITIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT		
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Electric		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Gas		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Telephone		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Water		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Cable Television Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both

TRANSPORTATION	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT		
			<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Intrastate Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Pipeline Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Oil & Gas Exploration		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Oil & Gas Production		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Oil & Gas Retailers		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both

FINANCE & INSURANCE	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT		
			<input type="checkbox"/> I	<input checked="" type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Banks	1	<input type="checkbox"/> I	<input checked="" type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Savings & Loan Assoc.		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Loan and/or Finance		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Manufacturing Firms		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Mining Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Life Insurance Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Casualty Insurance Comp.		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Other Insurance Companies		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> V	<input type="checkbox"/> VI	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both

Schedule G: Immovable Property
 (Property that exceeds \$2,000 in value)

Check if not applicable

Filer Spouse Both

Location of Property:

Country: USA

State: LOUISIANA

Parish/County: ST. TAMMANY

Address: 2030 LABARRE ST. MAUMVILLE, LA. 70468

Description of Property:

SINGLE FAMILY - ONE STORY RENTAL 3BR-2BA
CURRENTLY DAUGHTER RESIDING IN PROPERTY (PART-OWNER)

Fair market or use value by category:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Filer Spouse Both

Location of Property:

Country: USA

State: LOUISIANA

Parish/County: ST. TAMMANY

Address: 7211 BROOKWOOD DRIVE - MAUMVILLE, LA. 70471

Description of Property:

SINGLE FAMILY - ONE STORY - RESIDENCE 4BR-3BA

Fair market or use value by category:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Filer Spouse Both

Location of Property:

Country: USA

State: LOUISIANA

Parish/County: ST. TAMMANY

Address: 106 FOUNTAIN DRIVE - SCHWEL, LA. 70458

Description of Property:

SINGLE FAMILY 2 STORY RENTAL - 4BR-2BA

Fair market or use value by category:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

* You are required to disclose on SCHEDULE G all immovable property, regardless of its location.
 * Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.
 Revised February 2011

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule G: Immovable Property

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

Check if not applicable

Filer Spouse Both

Location of Property:

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Address: 131 CANTHORN DRIVE - SWELL, LA 70458

Description of Property:

Single Family - one story Rental 4BR - 2BA

Fair market or use value by category:

- Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999) Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Location of Property:

Filer Spouse Both

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Address: 296 FOUNTAIN BLVD - MANDEVILLE, LA 70448

Description of Property:

(1/4 INTEREST) Single Family - one story Rental 3BR - 2BA
Currently for sale

Fair market or use value by category:

- Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999) Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Location of Property:

Filer Spouse Both

Country: USA State: LOUISIANA Parish/County: EAST BATON ROUGE

Address: 9303 LOBLOLLY COURT - BATON ROUGE, LOUISIANA 70809

Description of Property:

Home 2BA - 2BR

Fair market or use value by category:

- Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999) Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

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Revised February 2011

LOUISIANA BOARD OF ETHICS
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 Baton Rouge, Louisiana 70821

Schedule G: Immovable Property

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

Check if not applicable

Filer Spouse Both

Location of Property:

Country: USA State: LOUISIANA Parish/County: ST. TAMMANY
 Address: 2080 U.S. Highway 190 - Mauville, La. 70471

Description of Property:

2000 SQ FT. COMMERCIAL RENTAL

Fair market or use value by category:

Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Location of Property:

Filer Spouse Both

Country: USA State: LOUISIANA Parish/County: EAST BATON RUGE
 Address: GOODWOOD BLVD - BATON RUGE, LA

Description of Property:

GOODWOOD OFFICE BUILDING 20,000 SQ FT. OFFICE BLDG.

Fair market or use value by category:

Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Location of Property:

Filer Spouse Both

Country: USA State: LOUISIANA Parish/County: ST. JAMES ST. JOHN
 Address: RIVER ROAD - ST. JAMES PARISH - LUCY, LA

Description of Property:

ACTIVE SUGAR PLANTATION - WITH 1803 PLANTATION HOMES
FAMILY OWNED - GLENDALE PLANTATION APPROX 2800 ACRES.

Fair market or use value by category:

Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

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 * Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.
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Schedule G: Immovable Property

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

Check if not applicable

Filer Spouse Both

Location of Property:

Country: USA

State: LOUISIANA

Parish/County: ORLEANS

Address: 1469 PENTISSA AVE NOOLA 70122

Description of Property:

VACANT LOT - POST KARRIVA
(1/4 ownership)

Fair market or use value by category:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Filer Spouse Both

Location of Property:

Country: _____

State: _____

Parish/County: _____

Address: _____

Description of Property:

Fair market or use value by category:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Filer Spouse Both

Location of Property:

Country: _____

State: _____

Parish/County: _____

Address: _____

Description of Property:

Fair market or use value by category:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

* You are required to disclose on SCHEDULE G all immovable property, regardless of its location.
* Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.
Revised February 2011

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

Schedule H: Investment Holdings
 (A holding that exceeds \$1,000 in value)

Check if not applicable

Filer Spouse Both

Name of Security:

W. HEALTHCARE GROUP (LHC)

Description of Security:

SHARES OF COMMON STOCK

Value by category: Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Filer Spouse Both

Name of Security:

WHITNEY NATIONAL BANK

Description of Security:

SHARES OF COMMON STOCK

Value by category: Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Filer Spouse Both

Name of Security:

AMERICAN FUNDS

Description of Security:

VARIOUS SECURITIES

Value by category: Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

* You are required to complete SCHEDULE H if you or your spouse (either individually or collectively) holds investment securities that have a value that exceeds \$1,000 each.
 *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
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Schedule H: Investment Holdings

(A holding that exceeds \$1,000 in value)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Name of Security: METHNEX CORP	
Description of Security: Common Stock	
Value by category: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category IV (\$50,000-\$99,999)	<input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Name of Security: Disney (WALT) CO.	
Description of Security: Common Stock	
Value by category: <input checked="" type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category IV (\$50,000-\$99,999)	<input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Name of Security: Home Depot, Inc	
Description of Security: Common Stock	
Value by category: <input checked="" type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category IV (\$50,000-\$99,999)	<input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)

* You are required to complete SCHEDULE H if you or your spouse (either individually or collectively) holds investment securities that have a value that exceeds \$1,000 each.
 *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.

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Schedule H: Investment Holdings
 (A holding that exceeds \$1,000 in value)

Check if not applicable

Filer Spouse Both

Name of Security:

MOTOROLA, INC

Description of Security:

Common Stock

Value by category: Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Filer Spouse Both

Name of Security:

MICROSOFT CORP.

Description of Security:

Common Stock

Value by category: Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Filer Spouse Both

Name of Security:

Description of Security:

Value by category: Category I (less than \$5,000)
 Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

* You are required to complete SCHEDULE H if you or your spouse (either individually or collectively) holds investment securities that have a value that exceeds \$1,000 each.
 *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
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Schedule I: Transactions

(A transaction that exceeds \$1,000)

Check if not applicable

Filer Spouse Both

Transaction Date: NOV. 1, 2010

Description of Transaction:

SALE OF Hospice Agency to CHATEAU De NOTRE DAME
(Sineu) (N.O., LA)

Amount of Transaction:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Filer Spouse Both

Transaction Date: JULY 27, 2010

Description of Transaction:

PURCHASE OF REAL ESTATE 2090 U.S. Highway 190
MAUMELLE, LA 70477

Amount of Transaction:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Filer Spouse Both

Transaction Date: 12-31-10

Description of Transaction:

PURCHASE OF 2010 Jeep Wrangler unlimited

Amount of Transaction:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

* You are required to complete SCHEDULE I 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 that exceed \$1,000 each, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.
* You are not required to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

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Schedule I: Transactions

(A transaction that exceeds \$1,000)

Check if not applicable

Filer Spouse Both

Transaction Date: MARCH 2010

Description of Transaction:
LEASE OF 2010 LEXUS 460

Amount of Transaction:

- Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

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-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

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-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

* You are required to complete SCHEDULE I 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 that exceed \$1,000 each, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.
* You are not required to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule J: Liabilities

(A liability that exceeds \$10,000)

Check if not applicable

Filer Spouse

Name of Creditor: CHASE HOME FINANCE

Address: P.O. BOX 78420

City, State, Zip: PHOENIX, AZ 85062-8420

Name of Guarantor (if applicable): John T. Ann Stephanie Schenley

Nature of Liability: 1st Mortgage Residence 721 Brookwood Drive Mableton

Amount of liability: Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Filer Spouse

Name of Creditor: CHASE

Address: P.O. BOX 24696

City, State, Zip: COLUMBUS OH

Name of Guarantor (if applicable): John T. Ann Stephanie Schenley

Nature of Liability: 1st Mortgage 106 Fountain Dr. Sumell, Ga 30158

Amount of liability: Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

Filer Spouse

Name of Creditor: LEXUS FINANCIAL SERVICES

Address: P.O. BOX 9490

City, State, Zip: CENAR RAPIDS, IA 52409-9490

Name of Guarantor (if applicable): Stephanie G. Schenley

Nature of Liability: LEASE OF 2010 LEXUS 460

Amount of liability: Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$49,999)
 Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)

* You are required to complete SCHEDULE J if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.

* 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 La. R.S. 6:969.1 et seq, R.S. 9:3516(13).

Revised February 2011

LOUISIANA BOARD OF ETHICS

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Schedule K: Other Offices/Positions Held

Check if not applicable (Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 personal financial disclosure statement)

Name of Office/Position:	STATE BANK COMMISSION MEMBER
Name of Office/Position:	

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

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Baton Rouge, Louisiana 70821

Schedule L: Contributions

Check if not applicable (Made within one year of employment- in excess of \$1,000)

Date of Employment: <u>DEC. 2007</u>	Candidate Name: <u>John (Jay) Ardanne</u>
Salary: \$ <u>45,000 114,054.08</u>	Amount of Contribution and/or Loan: \$ <u>3500.00</u>
Date of Employment: _____	Candidate Name: _____
Salary: \$ _____	Amount of Contribution and/or Loan: \$ _____
Date of Employment: _____	Candidate Name: _____
Salary: \$ _____	Amount of Contribution and/or Loan: \$ _____
Date of Employment: _____	Candidate Name: _____
Salary: \$ _____	Amount of Contribution and/or Loan: \$ _____
Date of Employment: _____	Candidate Name: _____
Salary: \$ _____	Amount of Contribution and/or Loan: \$ _____

* You are required to complete SCHEDULE L if you are directly employed by a statewide elected official to serve as an agency head AND you made a contribution in excess of \$1,000 to the campaign of the official who employed you.
* You are only required to disclose contributions or loans made within one year of employment or appointment.
* "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.
* "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.
* "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.

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Form 415A

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