

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.

Office/Position Held: Secretary, LA Dept Veteran Affairs

Name of Filer (print full name) Lane A. Carson
 Address (residence) 33 Mistletoe Dr.
 City, State, Zip Covington, LA. 70433

Name of Spouse (print full name) Laura L. Carson
 Spouse's Occupation Retired Teacher
 Principal Business Address N/A
 City, State, Zip _____

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.

Lane A. Carson
 Signature of Filer

Sworn to and subscribed before me this 12 day of MAY, 20 11.

David LACERTE
 Notary Public (print name)

[Signature]
 Notary Public (signature)

ID# 32535 BAR#

Date Commission Expires LIFE

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Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: LA. Dept Veteran Affairs

Job Title: Secretary

Job Description: Supervise and direct - 800+ employees and \$50 MILLION + budget to include veteran homes, cemetery program, benefits, claims + outreach

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- 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.

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Schedule B: Positions - Business

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> 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.

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Schedule C: Positions - Nonprofit

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____		

*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

Revised February 2011

Form 415A

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

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: <u>La. Dept. Veteran Affairs</u> Address: <u>P.O. Box 94095, Capital Station</u> City, State, Zip: <u>Baton Rouge, LA 70804 9095</u> Amount of Income (exact dollar amount): \$ <u>130,000</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: <u>La. District Attorney's Assoc.</u> Address: <u>1645 Nicholson Dr.</u> City, State, Zip: <u>Baton Rouge, LA 70802</u> Amount of Income (exact dollar amount): \$ <u>64,929</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: <u>La. Teacher Retirement</u> Address: <u>8401 United Plaza Blvd.</u> City, State, Zip: <u>Baton Rouge, LA 70809</u> Amount of Income (exact dollar amount): \$ <u>42,979</u>

* 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.

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Schedule E: Income Check if not applicable

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

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Source of Income: <u>Lloyd + Lucille Coleman</u>	
Address: <u>1812 Valley Wood Rd.</u>	
City, State, Zip: <u>Arlington, TX 76013</u>	
Nature of Services Rendered: <u>Real Estate Broker Commission</u>	
Type of Income: <u>Real Estate Broker Commission for family purchase</u>	
Amount of Income: <input checked="" 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 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>Morgan Mickleberry + Patricia Mickleberry Trust</u>	
Address: <u>4800 Marseilles Pl</u>	
City, State, Zip: <u>Metairie, LA. 70002</u>	
Nature of Services Rendered: <u>Real Estate Broker Commission</u>	
Type of Income: <u>Real Estate Broker Commission for family purchase</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>Lane Carson</u>	
Address: <u>321 N. Vermont</u>	
City, State, Zip: <u>Covington, LA. 70433</u>	
Nature of Services Rendered: <u>Owner - Office Building</u>	
Type of Income: <u>Rental</u>	
Amount of Income: <input checked="" 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 type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	

* 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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Schedule F: Income from Certain Professional or Consulting Services

N/A

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
	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
	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
	Banks		<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
	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	

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

RETAIL COMPANIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY						INCOME RECIPIENT
	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
	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
			<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
			<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)

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

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

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

Category VI (\$200,000 or more)

LOUISIANA BOARD OF ETHICS

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Schedule G: 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>U.S.</u>	State: <u>LA.</u>	Parish/County: <u>St. Tammany</u>	
Address: <u>33 Mistletoe Dr., Covington, LA. 70433</u>			
Description of Property: <u>Single Family Residence</u>			
Fair market or use value by category:			
<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 type="checkbox"/> Category V (\$100,000-\$199,999)	<input checked="" type="checkbox"/> Category VI (\$200,000 or more)	
Location of Property:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
Country: <u>U.S.</u>	State: <u>LA.</u>	Parish/County: <u>St. Tammany</u>	
Address: <u>321 N. Vermont, Covington, LA. 70433</u>			
Description of Property: <u>Office Building</u>			
Fair market or use value by category:			
<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 type="checkbox"/> Category V (\$100,000-\$199,999)	<input checked="" type="checkbox"/> Category VI (\$200,000 or more)	
Location of Property:	<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Country: <u>U.S.</u>	State: <u>LA.</u>	Parish/County: <u>Orleans</u>	
Address: <u>3731 Iberville St, New Orleans, LA. 70119</u>			
Description of Property: <u>Single Family Residence</u>			
Fair market or use value by category:			
<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)	

* 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

Form 415A

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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:	<u>St. Tammany Investment Club II, LLC</u>	
Description of Security:	<u>1/12 interest in private investment club, securities + cash</u>	
Value by category:	<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 type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
Name of Security:		
Description of Security:		
Value by category:	<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 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 type="checkbox"/> Both		
Name of Security:		
Description of Security:		
Value by category:	<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 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.

Schedule I: Transactions

(A transaction that exceeds \$1,000)

Check if not applicable

Transaction Date: _____ Description of Transaction: _____		<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Transaction: <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 type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)		
Transaction Date: _____ Description of Transaction: _____		<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Transaction: <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 type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)		
Transaction Date: _____ Description of Transaction: _____		<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Transaction: <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 type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> 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

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Schedule J: Liabilities

(A liability that exceeds \$10,000)

Check if not applicable

<input checked="" type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse
Name of Creditor: <u>Chase Mortgage</u>	
Address: <u>70430 Hwy 21</u>	
City, State, Zip: <u>Covington, LA. 70433</u>	
Name of Guarantor (if applicable): _____	
Nature of Liability: <u>Mortgage - Residence</u>	
Amount of liability: <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 type="checkbox"/> Category V (\$100,000-\$199,999) <input checked="" type="checkbox"/> Category VI (\$200,000 or more)	
<input checked="" type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse
Name of Creditor: <u>Whitney National Bank</u>	
Address: <u>103 E. 21st Ave.</u>	
City, State, Zip: <u>Covington, LA. 70433</u>	
Name of Guarantor (if applicable): _____	
Nature of Liability: <u>Mortgage - Office Building</u>	
Amount of liability: <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 type="checkbox"/> Category V (\$100,000-\$199,999) <input checked="" type="checkbox"/> Category VI (\$200,000 or more)	
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Creditor: <u>Chase Mortgage</u>	
Address: <u>70430 Hwy 21</u>	
City, State, Zip: <u>Covington, LA. 70433</u>	
Name of Guarantor (if applicable): _____	
Nature of Liability: <u>Mortgage - Single Family Residence</u>	
Amount of liability: <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)	

* 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).

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:	LA. Military Family Assistance Fund Board
Name of Office/Position:	Governor's Military Advisory Board
Name of Office/Position:	LA. Military Hall of Fame Museum Board
Name of Office/Position:	USS Kidd Naval Memorial Board
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	

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Schedule L: Contributions

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

Date of Employment: <u>1/14/08</u> Salary: \$ <u>130,000</u>	Candidate Name: <u>Bobby Jindal</u> Amount of Contribution and/or Loan: \$ <u>4,500</u>
Date of Employment: _____ Salary: \$ _____	Candidate Name: _____ Amount of Contribution and/or Loan: \$ _____
Date of Employment: _____ Salary: \$ _____	Candidate Name: _____ Amount of Contribution and/or Loan: \$ _____
Date of Employment: _____ Salary: \$ _____	Candidate Name: _____ Amount of Contribution and/or Loan: \$ _____
Date of Employment: _____ Salary: \$ _____	Candidate Name: _____ 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.