

LOUISIANA  
COMMISSION ON  
GOVERNMENT FINANCE  
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**LOUISIANA BOARD OF ETHICS**  
Post Office Box 4368  
Baton Rouge, Louisiana 70821

### TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

- ORIGINAL REPORT
- AMENDED REPORT

This Report Covers Calendar Year: 2011

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

Office/Position Held: Member, Louisiana House of Representatives, District 72

Name of Filer (print full name) John Bel Edwards

Mailing Address PO Box 1495

City, State, Zip Amite, LA 70422

Name of Spouse (print full name) Donna Hutto Edwards

Spouse's Occupation Public School Teacher, Elementary (Music) Tangipahoa Parish

Spouse's Principal Business Address 59656 Puleston Road

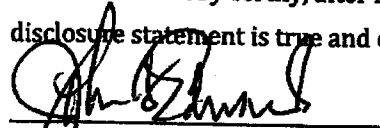
City, State, Zip Amite, LA 70422

**Check all that apply:**

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

#### Certification of Accuracy

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

  
\_\_\_\_\_  
Signature of Filer

Sworn to and subscribed before me this 1<sup>st</sup> day of November, 2012.

Bradley A. Stevens  
\_\_\_\_\_  
Notary Public (print name)  
Bradley A. Stevens  
\_\_\_\_\_  
Notary Public (signature)

ID# 30076

Date Commission Expires et Death

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### 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
Job Title: <u>Edwards &amp; Associates Law Firm, LLC — Lawyer / Attorney</u>
Name of Employer: <u>Edwards &amp; Associates Law Firm, LLC</u>
Address: <u>102 N. Myrtle Street / PO Box 974</u>
City, State, Zip: <u>Amite, LA 70422</u>
Job Description: <u>Lawyer/Attorney; General Practice; Managing Member</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: <u>Tangipahoa Parish School System — Teacher (Elementary Music)</u>
Name of Employer: <u>Tangipahoa Parish School System</u>
Address: <u>59656 Puleston Road</u>
City, State, Zip: <u>Amite, LA 70422</u>
Job Description: <u>Elementary Music Teacher</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: _____
Name of Employer: _____
Address: _____
City, State, Zip: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: _____
Name of Employer: _____
Address: _____
City, State, Zip: _____
Job Description: _____

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

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### Schedule B: Positions - Business

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>80</u> %
Name of Business: <u>Edwards + Associates Law Firm, LLC</u>
Address: <u>102 N. Myrtle Street / PO Box 974</u>
City, State, Zip: <u>Amite, LA 70422</u>
Business Description: <u>Law Firm (General Practice)</u>
Nature of Association: <u>Limited Liability Company</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>33 1/3</u> %
Name of Business: <u>Stretch Road Developers, LLC</u>
Address: <u>310 East Oak Street</u>
City, State, Zip: <u>Amite, LA 70422</u>
Business Description: <u>Real Estate Development</u>
Nature of Association: <u>Limited Liability Company</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND 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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Florida Parishes Skeet &amp; Gun Association</u>
Address: <u>61280 VFW Road</u>
City, State, Zip: <u>Amite, LA 70422</u>
Nature of Association: <u>non-profit corporation</u>
Description of Organization: <u>skeet &amp; gun; member; board of directors</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Louisiana Association For Justice</u>
Address: <u>PO BOX 4289</u>
City, State, Zip: <u>Baton Rouge, LA 70821</u>
Nature of Association: <u>non-profit corporation</u>
Description of Organization: <u>advancing the cause of civil justice in Louisiana</u>
<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.

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

Check if not applicable **Subdivisions, and/or Gaming Interests**

<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): <u>Representative John Bel Edwards</u> Name of Income Source: <u>Louisiana House of Representatives</u> Address: <u>PO Box 160 / 225 NW Central Avenue</u> City, State, Zip: <u>Amite, LA 70422</u> Amount of Income (exact dollar amount): \$ <u>30,700.20</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): <u>Tangipahoa Parish School System</u> Name of Income Source: <u>Teacher Pay</u> Address: <u>59656 Puleston Road</u> City, State, Zip: <u>Amite, LA 70422</u> Amount of Income (exact dollar amount): \$ <u>36,510.61</u>
<input 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 type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

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

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

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

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

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### Schedule E: Income Received from Employment

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 Source of Income: <u>Edwards &amp; Associates Law Firm, LLC</u>
Address: <u>102 N. Myrtle Street / P.O. Box 974</u>
City, State, Zip: <u>Amite, LA 70422</u>
Nature of Services Rendered (pursuant to such employment): <u>lawyer/attorney; general civil practice; managing member</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-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Source of Income: _____
Address: _____
City, State, Zip: _____
Nature of Services Rendered (pursuant to such employment): _____
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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Source of Income: _____
Address: _____
City, State, Zip: _____
Nature of Services Rendered (pursuant to such employment): _____
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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.  
\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.  
\* Income received through self-employment is reported on SCHEDULE F.  
\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.  
\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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### Schedule F: Income Received from Business Interests

Check if not applicable

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

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered OR reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered OR reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered OR reason income was received: _____

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

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### Schedule G: Other Income

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Description of Income: _____
Nature of services rendered or reason income was received: _____
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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Description of Income: _____
Nature of services rendered or reason income was received: _____
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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
Description of Income: _____
Nature of services rendered or reason income was received: _____
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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

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



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### Schedule H: Immovable Property

(a property that exceeds \$2,000 in value)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
Location of Property Country: <u>US</u> State: <u>LA</u> Parish/County: <u>Tangipahoa</u>
Description of Property: <u>Residence in Roseland</u>
Fair Market or Use Value: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
Location of Property Country: <u>US</u> State: <u>LA</u> Parish/County: <u>Tangipahoa</u>
Description of Property: <u>House + Lot in Amite</u>
Fair Market or Use Value: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
Location of Property Country: <u>US</u> State: <u>LA</u> Parish/County: <u>Tangipahoa</u>
Description of Property: <u>92 acres of timber / recreational undeveloped land</u>
Fair Market or Use Value: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.  
\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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**Schedule H: Immovable Property** (a property that exceeds \$2,000 in value)

Filer  Spouse  Both

Location of Property  
Country: US State: LA Parish/County: East Baton Rouge

Description of Property: House + Lot

Fair Market or Use Value:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  Category IV (more than \$100,000)  
 Category III (\$25,000-\$100,000)

Filer  Spouse  Both

Location of Property  
Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Fair Market or Use Value:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

Filer  Spouse  Both

Location of Property  
Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Fair Market or Use Value:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

Filer  Spouse  Both

Location of Property  
Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Fair Market or Use Value:  Category I (less than \$5,000)  Category II (\$5,000-\$24,999)  Category III (\$25,000-\$100,000)  Category IV (more than \$100,000)

\*You are required to disclose the location by country, state, and parish/county.  
\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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### Schedule I: Investment Holdings

Check if not applicable (an investment holding that exceeds \$5,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <hr/> Description of Security: <hr/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <hr/> Description of Security: <hr/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <hr/> Description of Security: <hr/>

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

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and 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 J: Transactions

Check if not applicable

(a transaction that exceeds \$5,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction:  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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction:  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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction:  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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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### Schedule K: Liabilities

(a liability that exceeds \$10,000)

Check if not applicable

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

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

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

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

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

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### Schedule L: Other Offices/Positions Held

Check if not applicable

<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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### Schedule M: Positions - Business

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
Amount of Interest: _____ %
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
Amount of Interest: _____ %
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Name of Business: _____
Address: _____
City, State, Zip: _____
Business Description: _____
Nature of Association: _____
Amount of Interest: _____ %

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.  
\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.  
\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.  
\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

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

Check if not applicable

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

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

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



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### Schedule O: Income from a Governmental Entity

Check if not applicable

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract: _____ Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract: _____ Value (of thing of economic value) Derived: _____
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<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract: _____ Value (of thing of economic value) Derived: _____

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

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

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

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