

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
(ANNUAL)

ORIGINAL REPORT

This Report Covers Calendar Year: 2011

AMENDED REPORT

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: Governor

Name of Filer (print full name) Bobby Jindal

Address (residence) 1001 Capitol Access Road

City, State, Zip Baton Rouge, LA 70802

Name of Spouse (print full name) Supriya Jindal

HAND DELIVERED

Spouse's Occupation First Lady

Principal Business Address 1001 Capitol Access Road

City, State, Zip Baton Rouge, LA 70802

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.

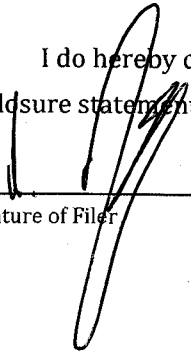
I have filed for an extension of my federal income tax return for the previous year.

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.

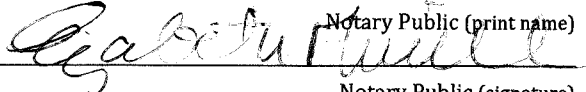
Signature of Filer



Sworn to and subscribed before me this 14th day of May, 2012

Elizabeth Murri

Notary Public (print name)



Notary Public (signature)

ID# Bar Roll # 20085

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

Filer Spouse Full-Time Part-Time

Name of Employer: State of Louisiana

Job Title: Governor

Job Description: Chief executive officer

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

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: _____

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.

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Schedule C: Positions - Nonprofit

Check if not applicable

Filer Spouse

Name of Organization: Southern Regional Education Board

Address: 592 10th Street N.W.

City, State, Zip: Atlanta, GA 30318-5776

Nature of Association: Member

Description of Organization: Non-profit, non-partisan organization

Filer Spouse

Name of Organization: Supriya Jindal Foundation for LA Children

Address: P.O. Box 86955

City, State, Zip: Baton Rouge, LA 70879

Nature of Association: President

Description of Organization: Non-profit charitable organization

Filer Spouse

Name of Organization: Parenting Magazine Mom's Congress

Address: 2 Park Avenue, 10th Floor

City, State, Zip: New York, NY 10016

Nature of Association: Advisory Board Member

Description of Organization: Specialty magazine

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

LOUISIANA BOARD OF ETHICS

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Baton Rouge, Louisiana 70821

Schedule C: Positions - Nonprofit

Check if not applicable

Filer Spouse

Name of Organization: Tulane University

Address: 1555 Poydras Street, Suite 1000

City, State, Zip: New Orleans, LA 70112

Nature of Association: President's Council Member

Description of Organization: University

Filer Spouse

Name of Organization: The Governor's Mansion Foundation

Address: 117 Oakwood Drive

City, State, Zip: Franklin, LA 70538

Nature of Association: Executive Board Member

Description of Organization: Non-profit charitable organization

Filer Spouse

Name of Organization: Louisiana Southern Growth Policies Board

Address: P.O. Box 12293

City, State, Zip: Research Triangle Park, NC 27709

Nature of Association: Trustee

Description of Organization: Non-partisan public policy organization

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

LOUISIANA BOARD OF ETHICS

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Schedule C: Positions - Nonprofit

Check if not applicable

Filer Spouse

Name of Organization: Republican Governors Association

Address: 1747 Pennsylvania Ave NW, Suite 250

City, State, Zip: Washington, D.C. 20006

Nature of Association: Board Member and Gala Chairman

Description of Organization: Non-profit organization

Filer Spouse

Name of Organization: Special Olympics Gold Medal Commission

Address: 1000 East Morris Avenue

City, State, Zip: Hammond, LA 70403

Nature of Association: Board Member

Description of Organization: Non-profit organization

Filer 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.**

LOUISIANA BOARD OF ETHICS

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Schedule D: Income from the State, Political

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

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

Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: State of Louisiana

Address: 1001 Capitol Access Road

City, State, Zip: Baton Rouge, LA 70802

Amount of Income (exact dollar amount): \$ 127,407.48

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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income** Check if not applicable

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

 Filer SpouseName of Source of Income: Fidelity Spartan 500 Index Mutual FundAddress: P.O. Box 770001City, State, Zip: Cincinnati, OH 45277-0003

Nature of Services Rendered: _____

Type of Income: DividendsAmount of Income: 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 SpouseName of Source of Income: Fidelity Growth CompanyAddress: P.O. Box 770001City, State, Zip: Cincinnati, OH 45277-0003

Nature of Services Rendered: _____

Type of Income: Long-term Capital GainsAmount of Income: 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 SpouseName of Source of Income: Thornburg Investment Income BuilderAddress: 2300 North Ridgetop RoadCity, State, Zip: Santa Fe, NM 87506

Nature of Services Rendered: _____

Type of Income: DividendsAmount of Income: 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 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income** Check if not applicable

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

 Filer SpouseName of Source of Income: BlackRock U.S. OpportunitiesAddress: 1800 Merrill Lynch DriveCity, State, Zip: Pennington, NJ 08534

Nature of Services Rendered: _____

Type of Income: Capital GainsAmount of Income: 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 SpouseName of Source of Income: BlackRock Basic ValueAddress: 1800 Merrill Lynch DriveCity, State, Zip: Pennington, NJ 08534

Nature of Services Rendered: _____

Type of Income: DividendsAmount of Income: 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 SpouseName of Source of Income: BlackRock Global AllocationAddress: 1800 Merrill Lynch DriveCity, State, Zip: Pennington, NJ 08534

Nature of Services Rendered: _____

Type of Income: DividendsAmount of Income: 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 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income** Check if not applicable

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

 Filer SpouseName of Source of Income: BlackRock Global AllocationAddress: 1800 Merrill Lynch DriveCity, State, Zip: Pennington, NJ 08534

Nature of Services Rendered: _____

Type of Income: Long-term Capital GainsAmount of Income: 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 SpouseName of Source of Income: BlackRock S&P 500 IndexAddress: 1800 Merrill Lynch DriveCity, State, Zip: Pennington, NJ 08534

Nature of Services Rendered: _____

Type of Income: DividendsAmount of Income: 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 SpouseName of Source of Income: BlackRock Latin AmericaAddress: 1800 Merrill Lynch DriveCity, State, Zip: Pennington, NJ 08534

Nature of Services Rendered: _____

Type of Income: Long-term Capital GainsAmount of Income: 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 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.

Schedule E: Income

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

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		
Name of Source of Income: <u>Capital One Bank</u>		
Address: <u>P.O. Box 85177</u>		
City, State, Zip: <u>Richmond, VA 23285</u>		
Nature of Services Rendered: _____		
Type of Income: <u>Interest</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>Capital One Bank</u>		
Address: <u>P.O. Box 85177</u>		
City, State, Zip: <u>Richmond, VA 23285</u>		
Nature of Services Rendered: _____		
Type of Income: <u>Interest</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 type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Source of Income: _____		
Address: _____		
City, State, Zip: _____		
Nature of Services Rendered: _____		
Type of Income: _____		
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 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.

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
	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

* 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 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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Schedule G: Immovable Property

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

Check if not applicable

Location of Property: Filer Spouse Both

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)

Location of Property: Filer Spouse Both

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)

Location of Property: Filer Spouse Both

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 the location by country, state, and parish/county.

* Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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:

Description of Security:

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

Name of Security:

Description of Security:

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

Name of Security:

Description of Security:

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 complete SCHEDULE H if you or your spouse 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, 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.