

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN 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: STATE SENATOR DISTRICT 20

Name of Filer (print full name) NORBERT NOLTY CHABERT

Mailing Address 405 GOUAUX AVENUE

City, State, Zip HOUMA, LA 70364

Name of Spouse (print full name) _____

Spouse's Occupation _____

Spouse's Principal Business Address _____

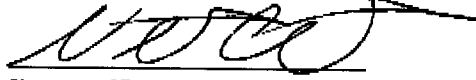
City, State, Zip _____

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.
- 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 15 day of May, 2012

William Alan Miller

Notary Public (print name)



Notary Public (signature)

ID# LA Bar Roll # 25459

Date Commission Expires 12/31/2012

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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: STATE SENATOR
Name of Employer: LOUISIANA STATE SENATE
Address: P.O. BOX 44305
City, State, Zip: BATON ROUGE, LA 70804
Job Description: STATE SENATOR
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time
Job Title: OWNER
Name of Employer: BAR ROUSSELL, LLC
Address: 7887 MAIN STREET, SUITE 4
City, State, Zip: HOUMA, LA 70360
Job Description: MANAGER
<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>100</u> %
Name of Business: <u>CHABERT DEVELOPMENT LLC</u>
Address: <u>4657 HIGHWAY 56</u>
City, State, Zip: <u>CHAUVIN, LA 70344</u>
Business Description: <u>REAL ESTATE AND CONSULTING</u>
Nature of Association: <u>SOLE MEMBER</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>100</u> %
Name of Business: <u>BAR ROUSSELL LLC</u>
Address: <u>7887 MAIN STREET, SUITE 4</u>
City, State, Zip: <u>HOUMA, LA 70360</u>
Business Description: <u>COCKTAIL LOUNGE</u>
Nature of Association: <u>SOLE MEMBER</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 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.

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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): LOUISIANA STATE SENATE

Name of Income Source: WAGES

Address: P.O. BOX 44305

City, State, Zip: BATON ROUGE, LA 70804

Amount of Income (exact dollar amount): \$ 32,354.76

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.

* "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 type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time
Name of Source of Income: <u>BAR ROUSSELL LLC</u>			
Address: <u>7887 MAIN STREET, SUITE 4</u>			
City, State, Zip: <u>HOUMA, LA 70360</u>			
Nature of Services Rendered (pursuant to such employment): <u>MANAGER</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-\$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)			
<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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Business: <u>CHABERT DEVELOPMENT, LLC</u>
Address: <u>4657 HIGHWAY 56</u>
City, State, Zip: <u>CHAUVIN, LA 70344</u>
Nature of services rendered OR reason income was received: <u>CONSULTING</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Business: <u>BAR ROUSSELL LLC</u>
Address: <u>7887 MAIN STREET, SUITE 4</u>
City, State, Zip: <u>HOUMA, LA 70360</u>
Nature of services rendered OR reason income was received: <u>OWNER</u>
<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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Description of Income: <u>IRA DISTRIBUTION</u>
Nature of services rendered or reason income was received: <u>IRA DISTRIBUTION</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-\$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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
Location of Property		
Country: <u>US</u>	State: <u>LA</u>	Parish/County: <u>TERREBONNE</u>
Description of Property:		
PRINCIPAL RESIDENCE		
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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
Location of Property		
Country: <u>US</u>	State: <u>LA</u>	Parish/County: <u>TERREBONNE</u>
Description of Property:		
LAND		
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 type="checkbox"/> Both		
Location of Property		
Country: _____	State: _____	Parish/County: _____
Description of Property:		
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 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 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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: <u>BANK OF AMERICA</u> Address: <u>P.O. BOX 5170</u> City, State, Zip: <u>SIMI VALLEY, CA 93062-5170</u> 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

Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

*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: _____
<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: _____

* 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. 42:1182(22).