

2012 MAY 15 AUI 11: 22

#### **LOUISIANA BOARD OF ETHICS**

Post Office Box 4368 Baton Rouge, Louisiana 70821

www.ethics.state.la.us

## TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

ORIGINAL REPORT	This	s Report Covers Calendar Year: 201\
☐AMENDED REPORT		
I currently hold an office that would requestatement. As such, I have completed Sched	iire me to file a Tier 2, ' ule K.	, Tier 2.1, or Tier 3 Personal Financial Disclosure
Office/	Position Held:	Secretary La. Dept. Veteran
Name of Filer (print full name)	Lane A	Carson
Address (residence)	33 Mist	letoe Dr.
City, State, Zip	A	n, La. 70433
Name of Spouse (print full name)	Laura	L. Carson
Spouse's Occupation	Retired	public school teacher
Principal Business Address	N 1A	
City, State, Zip		
Check all that apply:  ☐ I have filed my state income tax return  ☐ I have filed for an extension of my state ☐ I have filed my federal income tax return ☐ I have filed for an extension of my federal have filed for an extension of my feder	te income tax return urn for the previous y eral income tax retur provide you the opp	for the previous year. year.
	Certification of	
I do hereby certify, after having b	een duly sworn, that	t the information contained in this personal financial
disclosure statement is true and correct	to the best of my kno	owledge, information, and belief.
Signature of Filer		
	Sworn to and subso	scribed before me this $\frac{14}{12}$ day of $\frac{1}{12}$
		Notary Public (print name)  Notary Public (signature)
3 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	n la <i>C (2001 1980</i> ), <b>Ball We</b> .	ID# B/M 32535
HAN	ERED	Date Commission Expires Life
Revised February 2011	Form	1.415A

Form 415A

Post Office Box 4368 Baton Rouge, Louisiana 70821

# Schedule A: Employment Information Check if not applicable

Filer	Spouse	,	<b>X</b> Full-Time	□Part-7	Time					
Name	of Employer:	La.	Dept	Ve	teran		Affa	airs		····
	Job Title:	Seci	retary							<del>  ^  </del>
	Job Title: Job Description:	and \$	50 mi	lion C2	ect - plus ! remet	oud ovu	get	to in	elu	de 5
∏Filer	Spouse		□Full-Time	Part-	Time	<del>`                                    </del>	<del>ر ر</del> ر	, 01,1006	<u></u>	,,,,,,
Name	of Employer:									
	Job Title:									
	Job Description:									
□Filer	Spouse		Full-Time	☐Part-7	Time				·	
Name	of Employer:	**								
:	Job Title:				· · · · · · · · · · · · · · · · · · ·					
	Job Description:									
□File	· []Spouse		Full-Time	Part-	l'ime					
Name	of Employer:			***			···			
	Job Title:						<del></del>		·	
	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:

Lov-Con, Inc.

Address:

3100 E. St. Bernard Hny

City, State, Zip:

Meraux, LA.

Business Description:

Industrial Contractor Nature of Association: Board of Directors 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:

<sup>\*</sup> You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business <u>OR</u> if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

<sup>\* &</sup>quot;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
<b>⊠</b> Filer
Name of Organization:
Address:
City, State, Zip:
Nature of Association:
Description of Organization:
□Filer □Spouse
Name of Organization:
Address:
City, State, Zip:
Nature of Association:
Description of Organization:
□Filer □Spouse
Name of Organization:
Address:
City, State, Zip:
Nature of Association:
Description of Organization:

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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: La. Dept Veteran Affairs
Address: P.O. Box 94095 Capital Station
Name of Income Source: La. Dept Veteran Affairs  Address: P.O. Box 94095 Capital Station  City, State, Zip: Baton Rouge, LA. 70804-9095
Amount of Income (exact dollar amount): \$ 130,000
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: La. District Attorney's Assoc (Retiremen
Address: 1645 Nicholson Br.
City, State, Zip: Baton Rouge 14. 70802
Amount of Income (exact dollar amount): \$ 64, 929
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: Lq. Teacher Retirement  Address: 8401 United Plaza Blud
Address: 8401 United Plaza Blud
City, State, Zip: Baton Rouge, LA. 70809
Amount of Income (exact dollar amount): \$ 42,979

<sup>\*</sup> 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.

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

<sup>\*&</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\* &</sup>quot;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

	Jone Galle El Micolic
Check if not applicable	(Income that exceeds \$1,000 from each source)

			1
	File	Λ. <del>-</del> · -	
	come: Lov-	Con Inc.	
Address:	3100	E. St. Berna	rd Hny
City, State, Zip	: Mevau	X, LA	
Nature of Services Re	ndered: Lega	<u> </u>	
	AHorn		
Amount 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)
	<b>⊠</b> File		
Name of Source of Inc	come: 321,	LLC N. Vermont ton LA. 704 Office Buil	
Address:	321	N. Vermont	
City, State, Zip	couna	ton LA. 704	33
Nature of Services Re	ndered: Owner	- Office Buil	ding
Type of Income:	Renta	1	
Amount 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)
	∏File	r Spouse	
Name of Source of Inc	come:		
Address:			
City, State, Zip			
Nature of Services Re	endered:		
Type of Income:			
Amount 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)

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<sup>\*</sup> You are required to complete SCHEDULE E if you or your spouse received income in excess of \$1,000 from each source of income.

<sup>\*&</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\* &</sup>quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

<sup>\*</sup>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.

<sup>\*</sup> Income reported on Schedule D does not have to be restated on SCHEDULE E.

<sup>\*</sup> 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

whe		# OF	T		·		<del>*</del>	······································	T		
	INDUSTRY TYPE	CLIENTS	AMOU	JNT OF	INCOM	E BY C	ATEGO	RY	INCOME	RECIPIEN'	Γ
ES	Electric		□I			□IV	□V	□VI	Filer	□Spouse	Both
ITI,	Gas					□IV	□V	□VI	Filer	Spouse	Both
UTILITIES	Telephone		□I			□IV	□v	□VI	Filer	Spouse	Both
Ω	Water					□IV	□V	□VI	Filer	Spouse	Both
	Cable Television Companies			II		□IV	□v	□VI	Filer	Spouse	Both
Z	INDUSTRY TYPE	# OF CLIENTS	AMOV								
[]	Intrastate Companies	CLIENIS			INCOM					RECIPIENT	
.A.I	merastate companies								∐Filer	Spouse	Both
ORT	Pipeline Companies					□ IV	□V	□VI	□Filer	Spouse	□Both
TRANSPORTATION	Oil & Gas Exploration					□IV	□V	□VI	□Filer	Spouse	□Both
RAN	Oil & Gas Production					□IV	□V	□VI	□Filer	Spouse	Both
<u> </u>	Oil & Gas Retailers			II 🗀		□IV	□V	□VI	Filer		CD D-4L
		<del></del>	ــــــــــــــــــــــــــــــــــــــ							Spouse	BOU
	INDUCTOV TVDE	# OF									
<u>ت</u>	INDUSTRY TYPE	# OF CLIENTS			INCOM	E BY CA	ATEGO!			RECIPIENT	
NCE	INDUSTRY TYPE Banks		AMOU	NT OF	INCOM	E BY CA			INCOME		
RANCE							V	RY	INCOME ☐Filer	RECIPIENT	Both
NSURANCE	Banks					□ IV	V	RY VI	INCOME    Filer	RECIPIENT	Both
& INSURANCE	Banks Savings & Loan Assoc.					□ IV	V	RY VI	INCOME  Filer  Filer	RECIPIENT  Spouse	□Both □Both □Both
8	Banks Savings & Loan Assoc. Loan and/or Finance					☐ IV	V	RY VI VI VI	INCOME  Filer  Filer  Filer	RECIPIENT  Spouse  Spouse  Spouse	Both Both Both
Ø	Banks Savings & Loan Assoc. Loan and/or Finance Manufacturing Firms			II		☐ IV ☐ IV ☐ IV		RY VI VI VI	INCOME  Filer  Filer  Filer  Filer	RECIPIENT  Spouse  Spouse  Spouse  Spouse	Both Both Both Both
_	Banks Savings & Loan Assoc. Loan and/or Finance Manufacturing Firms Mining Companies					IV   IV   IV   IV   IV		RY VI VI VI VI	INCOME  Filer  Filer  Filer  Filer  Filer	RECIPIENT  Spouse  Spouse  Spouse  Spouse  Spouse	Both Both Both Both Both Both

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

			Т-						1		
ILES	INDUSTRY TYPE	# OF CLIENTS	AMOUN	NT OF I	NCOM	E BY CA	ATEGO	RY	INCOME	RECIPIEN'	r
RETAIL COMPANIES	Beer Companies		□I			□IV	□v	□VI	□Filer	Spouse	Both
CON	Wine Companies					□IV	□v	□VI	□Filer	☐Spouse	□Both
TAIL	Liquor Companies		□I			□IV	□v	□VI	□Filer	Spouse	□Both
RE	Beverage Distributors		I 🔲			□IV	□v	□VI	Filer	Spouse	Both
			1						1		
IONS	INDUSTRY TYPE	# OF CLIENTS	AMOUN	NT OF I	NCOM	E BY C	ATEGO	RY	INCOME	RECIPIEN'	Г
ASSOCIATIONS	Trade		□ I			□IV	□v	□VI	Filer	Spouse	Both
ASSO	Professional		ΠI			□IV	□v	□Vì	□Filer	Spouse	□Both
	•										
	<u></u>										
	INDUSTRY TYPE	# OF CLIENTS	AMOUN	NT OF I	NCOM	E BY C	ATEGO	RY	INCOME	RECIPIEN'	г
	INDUSTRY TYPE	I			NCOM	E BY C	ATEGO	DRY	<u> </u>	RECIPIEN'	
	INDUSTRY TYPE	I			<del></del>	<del></del>			Filer	• • •	□Both
*	INDUSTRY TYPE	I	П	II		□IV	□V	□VI	□Filer	☐Spouse	□Both
THER	INDUSTRY TYPE	I					□v □v	□ VI	□Filer □Filer □Filer	□Spouse	□Both □Both □Both
OTHER	INDUSTRY TYPE	I					v v	UVI	□Filer □Filer □Filer	□Spouse □Spouse	□Both □Both □Both □Both
OTHER	INDUSTRY TYPE	I		III		□ IV □ IV □ IV □ IV		VI VI VI	□Filer □Filer □Filer	☐Spouse ☐Spouse ☐Spouse ☐Spouse ☐Spouse	□Both □Both □Both □Both □Both
OTHER	INDUSTRY TYPE	I		III		IV	v v v v	VI	☐Filer ☐Filer ☐Filer ☐Filer ☐Filer ☐Filer	☐Spouse ☐Spouse ☐Spouse ☐Spouse ☐Spouse	Both Both Both Both Both Both

#### **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)

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<sup>\*</sup> 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.

<sup>\*&</sup>quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

<sup>\* &</sup>quot;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 G: Immovable Property

Check if not applicable (Property that exceeds \$2,000 in value)
Location of Property:
Country: U.S. State: LA. Parish/County: St. Tamman
Country: U.S. State: LA. Parish/County: St. Tammany Address: 33 Mistletue Dr. Covington LA. 70433
Description of Property:
Single Family Residence
Fair market or use value by category:
Category I (less than \$5,000)
Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more)
Location of Property:
Country: US State: LA Parish/County: St. Tammony
Country: US State: LA Parish/County: St. Tammany Address: 32/ N. Vermont Covington 12. 10433
Description of Property:
Office Building
Fair market or use value by category:
Category I (less than \$5,000)
Category IV (\$50,000-\$99,999)
Location of Property:
Country: U.S. State: LA. Parish/County: Orleans
Address: 3731 Iberville St, New Orleans La. 70119
Description of Property:
Fair market or use value by category:
Category I (less than \$5,000)
Category IV (\$50,000-\$99,999)

<sup>\*</sup> You are required to disclose on SCHEDULE G all immovable property, regardless of its location.

<sup>\*</sup> Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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

Filer Spouse K Both Location of Property: Country: U.S. State: LA. Parish/County: St. Tammany

Address: 12 Green brian Dr. Covington LA. 70433 **Description of Property:** Single Family Residence Fair Market or Use Value by Category: Category I (less than \$5,000) Category III (\$25,000-\$49,999) Category II (\$5,000-\$24,999) Category IV (\$50,000-\$99,999) Filer Spouse Both Location of Property: State: Parish/County: Country: 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) Filer Spouse Both Location of Property: State: Parish/County: Country: Address: Description of Property:

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

Fair Market or Use Value by Category:

Category I (less than \$5,000)

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

Check if not applicable

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

<sup>\*</sup> You are required to disclose the location by country, state, and parish/county.

<sup>\*</sup> Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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

□Filer □Spouse ★Both		
Name of Security:		
Description of Security:	Ostment Club	TI, UC
1/12 interest in f	orivate investme	ont club cash
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		N
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)

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Check if not applicable

<sup>\*</sup> 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.

<sup>\*</sup>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.

<sup>\*</sup>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 I:** Transactions

Check if not applicable	(A transaction that exc	eeds \$1,000)	
		□Filer □Spouse	Both
Transaction Date:			
Description of Transaction:			
Amount of Transaction:			
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	Category III (\$25,000-\$49,999)	
Category IV (\$50,000-\$99,999)	Category V (\$100,000-\$199,999)	Category VI (\$200,000 or more)	
		□Filer □Spouse	Both
Transaction Date:			
Description of Transaction:			
Amount of Transaction:			
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	Category III (\$25,000-\$49,999)	
Category IV (\$50,000-\$99,999)	Category V (\$100,000-\$199,999)	Category VI (\$200,000 or more)	
		□Filer □Spouse	Both
Transaction Date:			
Description of Transaction:			
Amount of Transaction:			
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	Category III (\$25,000-\$49,999)	
Category IV (\$50,000-\$99,999)	Category V (\$100,000-\$199,999)	Category VI (\$200,000 or more)	

\* You are not required to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

<sup>\*</sup> 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.

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### **Schedule J: Liabilities**

Check if not applicable	(A liabil	ity that exceeds \$10,000)	
Filer Spouse			
Name of Creditor:	Chase M	lovacage	
Address:	70430	Hny 21	
City, State, Zip:	Covination	LA 70433	
Name of Guarantor (if appli	cable):		
Nature of Liability:	MOVISAGE	- Residence	33 Mistletoe D
Amount of liability: Cate	J 1	Category II (\$5,000-\$24,999)	Category III (\$25,000-\$49,999)
Cate	gory IV (\$50,000-\$99,999)	Category V (\$100,000-\$199,999)	Category VI (\$200,000 or more)
Filer Spouse			
Name of Creditor:	Whitney	National Ban	aK
Address:	103 E	21 st Ave	
City, State, Zip:	Covington	LA. 70433	
Name of Guarantor (if appli			
Nature of Liability:	nord gage -	office Building-	Covington, 47043.
Amount of liability: 🔲 Cate	gory I (less than \$5,000)	Category II (\$5,000-\$24,999)	Category III (\$25,000-\$49,999)
Cate	gory IV (\$50,000-\$99,999)	Category V (\$100,000-\$199,999)	Category VI (\$200,000 or more)
Filer Spouse			
Name of Creditor:	Chase Mo	vd case	
Address:	70430 H	ny 2/	
City, State, Zip:	Covington,	LA 70433	
Name of Guarantor (if applied	cable):	- 19 J	2021 Phorialls
	dgage_Single	Family Residena -	New Marns 41. 70119
Amount of liability: Cate	gory I (less than \$5,000)	Category II (\$5,000-\$24,999)	Category III (\$25,000-\$49,999)

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

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

<sup>\*</sup> 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.

<sup>\*</sup> 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.

<sup>\*</sup> 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.

<sup>\* &</sup>quot;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).

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# Schedule K: Other Offices/Positions Held ble (Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3

☐ Check if not applicable

	personal financial di	sciosure statement)		
Name of Office/Position:	LA. Military	Family Ass	istance Fu	d Board
Name of Office/Position:	Governoris	Military	Advisory	Board
Name of Office/Position:	LA. Military	Hall of	Fame Mu	sam Boan
Name of Office/Position:	USS Kidd.	Naval Me	emovial	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:				

<sup>\* &</sup>quot;Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.

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# Schedule L: Contributions (Made within one year of employment- in excess of \$1,000)

Salary: \$ 130,000	D / 1 - / 1
	Candidate Name: Bobby Jinda 4/14/11
	Candidate Name: Bobby Jinda 4/14/11  Amount of Contribution and/or Loan: \$ 4,733. 87 Contribut
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 only required to disclose contributions or loans made within one year of employment or appointment.

Revised February 2011

☐ Check if not applicable

<sup>\*</sup> 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.

<sup>\* &</sup>quot;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.

<sup>\*&</sup>quot;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.

<sup>\* &</sup>quot;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.

<sup>\* &</sup>quot;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.