

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

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.

This Report Covers Calendar Year: 2012

ORIGINAL REPORT

AMENDED REPORT

FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY)

Final reports must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

Office/Position Held: Louisiana State Board of Elementary and Secondary Education District 7

Name of Filer (print full name) Holly Boffy

Mailing Address P.O. Box 94064 Capitol Station

City, State, Zip Baton Rouge, LA 70804

Name of Spouse (print full name) Carrick Boffy

Spouse's Occupation Environmental Scientist III

Spouse's Principal Business Address 111 New Center Drive

City, State, Zip Lafayette, LA 70508

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 5th day of May, 2013

Notary Public (print name) Rebecca P. Boffy
Notary Public (signature) Rebecca P. Boffy

ID# #48719

Date Commission Expires Death

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Schedule A: Employment Information Check if not applicable

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: <u>Environmental Scientist</u>
Name of Employer: <u>State of Louisiana</u>
Address: <u>P.O. Box 94095</u>
City, State, Zip: <u>Baton Rouge, LA 70804</u>
Job Description: <u>environmental regulation</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title: <u>BESE Member</u>
Name of Employer: <u>State of Louisiana</u>
Address: <u>P.O. Box 94064 Capitol Station</u>
City, State, Zip: <u>Baton Rouge, LA 70804</u>
Job Description: <u>per diem for service on state board</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.

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>Holly Boffy</u> Address: <u>115 Triangle Circle</u> City, State, Zip: <u>Lafayette, LA 70508</u> Business Description: <u>education consulting</u> Nature of Association: <u>employed as a full-time consultant for Council for Chief State School Officers</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: _____
<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.

Schedule C: Positions - Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Fishing for Memories</u> Address: <u>P.O. Box 428</u> City, State, Zip: <u>Milton, LA 70558</u> Nature of Association: <u>organizes a benefit fishing tournament</u> Description of Organization: <u>proceeds benefit the Alzheimer's Association</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse Name of Organization: <u>Fishing for Memories</u> Address: <u>P.O. Box 428</u> City, State, Zip: <u>Milton, LA 70558</u> Nature of Association: <u>organizes a benefit fishing tournament</u> Description of Organization: <u>proceeds benefit the Alzheimer's Association</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**

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 - OSUP Department of Environmental Quality

Address: P.O. Box 94095

City, State, Zip: Baton Rouge LA, 70804

Amount of Income (exact dollar amount): \$ 39,555.00

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 - OSUP

Address: P.O. Box 94064 Capitol Station

City, State, Zip: Baton Rouge, LA 70804

Amount of Income (exact dollar amount): \$ 5,558.00

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

Filer Spouse Full-Time Part-Time

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered
(pursuant to such employment): _____

Amount of Income: 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 Full-Time Part-Time

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered
(pursuant to such employment): _____

Amount of Income: 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 Full-Time Part-Time

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered
(pursuant to such employment): _____

Amount of Income: 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 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)

Filer Spouse

Name of Business: Holly Boffy

Address: 115 Triangle Circle

City, State, Zip: Lafayette, LA 70508

Nature of services rendered OR
reason income was received: education consulting

Filer Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered OR
reason income was received: _____

Filer 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)

Filer Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: 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

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: 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

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: 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 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

Filer Spouse Both

Location of Property

Country: USA State: Louisiana Parish/County: Lafayette

Description of Property:

house and lot at 115 Triangle Circle

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: USA State: Louisiana Parish/County: Vermilion

Description of Property:

farm land consisting of 38 acres

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

(an investment holding that exceeds \$5,000)

Check if not applicable

<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.

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.

Schedule K: Liabilities

(a liability that exceeds \$10,000)

Check if not applicable

<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse Name of Creditor: <u>Buel and Shirley Pate</u> Address: <u>17608 Theall Road</u> City, State, Zip: <u>Abbeville, LA 70508</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).

Schedule L: Other Offices/Positions Held

Check if not applicable

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)

Filer Spouse Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

Filer Spouse Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

Filer Spouse 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.

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)

Filer Spouse Business

Type of Income: State Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

Filer Spouse Business

Type of Income: State Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

Filer Spouse Business

Type of Income: State 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.

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. 42:1102(22).