

2015 SEP 14 PM 1:42

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

(FOR CANDIDATES)

This Report Covers Calendar Year: 2014

- ORIGINAL REPORT
- 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 D.

Office/Position Sought: Governor

Incumbent: Yes No

Date of Election: 10/24/2015

Name of Filer (print full name): John Bel Edwards

Address (residence): 12389 Louisiana Avenue

City, State, Zip: Roseland, LA 70456

Name of Spouse(if applicable) (print full name): Donna Hutto Edwards

Spouse's Occupation: Public School Teacher (2015 on leave without pay)

Principal Business Address: Tangipahoa Parish School System

City, State, Zip: Amite, LA 70422

Check all that apply:

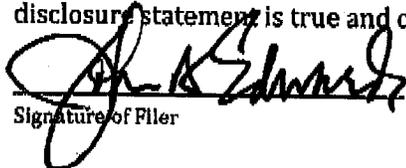
- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and R.S. 42:1124.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

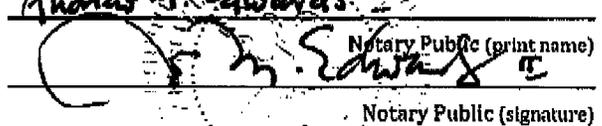
I am a candidate in an election to be held prior to April 15 and I have not filed my tax return for the previous year.

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 September, 2015

Andrew W. Edwards, II
Notary Public (print name)

Notary Public (signature)

ID# LA-BAC-Rou # 14517

Date Commission Expires UPON MY DEATH

LOUISIANA BOARD OF ETHICS
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Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: Edwards & Associates Law Firm, LLC (dba Edwards & Stevens Law Firm)

Job Title: Attorney at Law

Job Description: Lawyer in a small town. General civil practice

Filer Spouse Full-Time Part-Time

Name of Employer: Tangipahoa Parish School System

Job Title: Teacher (on leave without pay 2015)

Job Description: music teacher in elementary school

Filer Spouse Full-Time Part-Time

Name of Employer: Louisiana Legislature - House of Representatives

Job Title: Member, House of Representatives

Job Description: Represents District 72 in Louisiana House of Representatives

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(if applicable).
- 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 (where interest exceeds 10%): <u>66.6666</u> % Name of Business: <u>Edwards & Associates Law Firm, LLC (dba Edwards & Stevens Law Firm)</u> Address: <u>102 North Myrtle Street</u> City, State, Zip: <u>Amite, LA 70422</u> Business Description: <u>General civil law practice</u> Nature of Association: <u>Member of a limited liability company.</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>33.3333</u> % Name of Business: <u>5110, LLC</u> Address: <u>102 North Myrtle Street</u> City, State, Zip: <u>Amite, LA 70422</u> Business Description: <u>Real estate development and investment.</u> Nature of Association: <u>Member of a limited liability company.</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>33.3333</u> % Name of Business: <u>Stretch Road Developers, LLC</u> Address: <u>310 East Oak Street</u> City, State, Zip: <u>Amite, LA 70422</u> Business Description: <u>Real estate development and investment.</u> Nature of Association: <u>Member of a limited liability company.</u>

* 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, limited liability company, 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: Florida Parishes Skeet and Gun Association

Address: 61280 VFW Road

City, State, Zip: Amlite, LA 70422

Nature of Association: Member of the board of directors.

Description of Organization: Promotes the right to own and bear arms, the sport of skeet shooting and the safe handling of firearms.

Filer Spouse

Name of Organization: Louisiana Association for Justice

Address: P. O. Box 4289

City, State, Zip: Baton Rouge, LA 71821

Nature of Association: Member of the board of directors.

Description of Organization: Advancing the cause of and preserving the access to civil justice in Louisiana.

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 organization.

<p align="center">LOUISIANA BOARD OF ETHICS Post Office Box 4368 Baton Rouge, Louisiana 70821</p>
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Schedule D: Other Offices/Positions Held

Check if not applicable (Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement)

Name of Office/Position: State Representative - District 72
Name of Office/Position: _____

* You are required to complete SCHEDULE D 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, 42:1124.2.1, or 42:1124.3.

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Schedule E: Immovable Property

Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)

Address or Location of Property: Filer Spouse Both
 State: Louisiana Parish/County: Tangipahoa
 Address: 12389 Louisiana Avenue, Roseland, LA 70456
 Description of Property:
Personal residence.
 Value of the Interest in the Parcel 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)

Address or Location of Property: Filer Spouse Both
 State: Louisiana Parish/County: Tangipahoa
 Address: 402 East Olive Street, Amite, LA 70422
 Description of Property:
House and lot in Amite
 Value of the Interest in the Parcel 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)

Address or Location of Property: Filer Spouse Both
 State: Louisiana Parish/County: Tangipahoa
 Address: Highway 40 near Independence (there is no municipal address).
 Description of Property:
92 acres of timber and recreational land. It is undeveloped.
 Value of the Interest in the Parcel 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 address, if any, and if no address, the location by state, and parish/county.
 * Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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Schedule E: Immovable Property

Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)

Address or Location of Property: Filer Spouse Both

State: Louisiana Parish/County: East Baton Rouge

Address: 428 North 8th Street, Baton Rouge, LA 70802

Description of Property:
House and lot in Baton Rouge.

Value of the Interest in the Parcel 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)

Address or Location of Property: Filer Spouse Both

State: _____ Parish/County: _____

Address: _____

Description of Property:

Value of the Interest in the Parcel 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)

Address or Location of Property: Filer Spouse Both

State: _____ Parish/County: _____

Address: _____

Description of Property:

Value of the Interest in the Parcel 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 address, if any, and if no address, the location by state, and parish/county.
 * Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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Schedule F: 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): Representative John Bel Edwards

Name of Income Source: Louisiana House of Representatives

Address: P. O. Box 160/225 NW Central Avenue

City, State, Zip: Amite, LA 70422

Amount of Income (exact dollar amount): \$ 31,430.28

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

Type of Income: State Political Subdivision Gaming Interest

Name of Business (if applicable): Tangipahoa Parish School System

Name of Income Source: Teacher salary

Address: 59656 Puleston Road

City, State, Zip: Amite, LA 70422

Amount of Income (exact dollar amount): \$ 18,614.78

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 F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) 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 G: Income

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

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Source of Income: <u>Edwards & Associates Law Firm, LLC (dba Edwards & Stevens Law Firm)</u>	
Address: <u>102 North Myrtle Street/ P. O. Box 974</u>	
City, State, Zip: <u>Amite, LA 70422</u>	
Nature of Services Rendered: <u>Attorney in a general civil practice.</u>	
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 checked="" type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	
Name of Source of Income: <u>Rodan & Fields Sales</u>	
Address: <u>P. O. Box 1495</u>	
City, State, Zip: <u>Amite, LA 70422</u>	
Nature of Services Rendered: <u>Skin care product sales.</u>	
Type of Income: <u>Commission</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 G if you or your spouse received income in excess of \$1,000 from each source of income.
 * "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 that is reported on Schedule F does not have to be restated on SCHEDULE G.
 * 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 H.

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Schedule H: 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 H: Income from Certain Professional or Consulting Services

Check if not applicable

(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 H 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 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 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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Schedule J: Transactions

Check if not applicable (a transaction that exceeds \$1,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: <hr/> 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-\$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 <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: <hr/> 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-\$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 <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: <hr/> 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-\$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 J if you or your spouse 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.

* You ARE NOT REQUIRED to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

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Schedule K: Liabilities

(a liability that exceeds \$10,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (if applicable): _____ Nature of Liability: _____ Amount of liability: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (if applicable): _____ Nature of Liability: _____ Amount of liability: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (if applicable): _____ Nature of Liability: _____ Amount of liability: <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 K if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.
 * 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 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.

LOUISIANA BOARD OF ETHICS
 Post Office Box 4368
 Baton Rouge, Louisiana 70821

Schedule L: Contributions

Check if not applicable (made within one year of employment- in excess of \$1,000)

Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	

* You are required to complete SCHEDULE L if you are 1) directly employed by a statewide elected official to serve as an agency head AND you made a contribution or loan in excess of \$1,000 to the campaign of the official who employed you; and/or, 2) appointed to a state board or commission AND you made a contribution or loan in excess of \$1,000 to a campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of employment or appointment.

* "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.

* "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.

* "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.