

LOUISIANA
COMMISSION ON
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)

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 D.

ORIGINAL REPORT

This Report Covers Calendar Year: 2016

AMENDED REPORT

FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY])

A 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: Kenner City Council, District 5 (elected 4/5/14)

NAME OF FILER (print full name): Dominick F. Impastato, III

Mailing Address : 9 Platt St.

City, State, Zip: Kenner, LA 70065

NAME OF SPOUSE(if applicable)(print full name): Shannon W. Impastato

Spouse's Occupation: Self-Employed

Spouse's Principal Business Address: 9 Platt St.

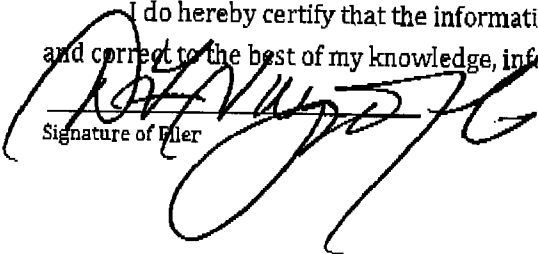
City, State, Zip: Kenner, LA 70065

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.

CERTIFICATE OF ACCURACY

I do hereby certify 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

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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 Name of Employer: <u>Frischhertz Poulliard Frischhertz & Impastato LLC</u> Job Title: <u>Attorney</u> Job Description: <u>Attorney--Legal services, trial litigation, legal consultation</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time Name of Employer: <u>City of Kenner</u> Job Title: <u>Councilman, district 5</u> Job Description: <u>Councilman for City of Kenner District 5</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time Name of Employer: <u>SWI Consulting, LLC</u> Job Title: <u>Marketing consultant and contracting specialist, and rental property manager</u> Job Description: <u>Marketing assistance and contract negotiation for healthcare providers and brokers, and management of rental properties and administrative services for rental properties</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____

- * You are required 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.
- * Self-employment information is reported on Schedule B.

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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: <u>33.33</u> % Name of Business: <u>Frischhertz Pouliard Frischhertz & Impastato LLC</u> Address: <u>1130 St. Charles Ave.</u> City, State, Zip: <u>New Orleans, LA 70130</u> Business Description: <u>Law firm</u> Nature of Association: <u>Member of LLC (aka "partner" of the firm)</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>SWI Consulting, LLC</u> Address: <u>9 Platt St.</u> City, State, Zip: <u>Kenner, LA 70065</u> Business Description: <u>Marketing and consulting business</u> Nature of Association: <u>Sole Member</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Amount of Interest: <u>50</u> % Name of Business: <u>Impastato Rental Properties, LLC</u> Address: <u>9 Platt St.</u> City, State, Zip: <u>Kenner, LA 70065</u> Business Description: <u>Rental property ownership and management of properties</u> Nature of Association: <u>Member of LLC (50% of LLC owned by Filer, 50% of LLC owned by Spouse)</u>

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, 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, 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

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Acacia Foundation of Louisiana State University, Inc.</u> Address: <u>3733 W Lakeshore Dr.</u> City, State, Zip: <u>Baton Rouge, LA 70803</u> Nature of Association: <u>Member, Board of Directors</u> Description of Organization: <u>Non-profit corporation handling the financial affairs and facility needs of chapter house of Acacia Fraternity of LSU</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Saints Hall of Fame, Inc.</u> Address: <u>4214 St. Elizabeth Dr.</u> City, State, Zip: <u>Kenner, LA 70065</u> Nature of Association: <u>Board Member</u> Description of Organization: <u>Non-profit group dedicated to heritage and history of New Orleans Saints</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 organization.

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Schedule D: 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: _____

* 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. 42:1124.2.1 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)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>Jefferson</u> Description of Property: <u>9 Platt St. Kenner, LA 70065</u> Value of the Interest in the Parcel: <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 checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>Jefferson</u> Description of Property: <u>4969 Joan Marie Dr. Barataria, LA 70036</u> Value of the Interest in the Parcel: <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 checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>Jefferson</u> Description of Property: <u>Impastato Rental Properties: 717 N. Sibley St. Metairie, LA 70003</u> Value of the Interest in the Parcel: <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 checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u> Description of Property: <u>Impastato Rental Properties: 125-127 Spencer St. New Orleans, LA 70124</u> Value of the Interest in the Parcel: <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)

* You are required to disclose the location by 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 E: Immovable Property

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

<p><input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both</p> <p>Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u></p> <p>Description of Property: <u>Impastato Rental Properties: 3729-3721 Willow St., New Orleans, LA 70115</u></p> <p>Value of the Interest in the Parcel: <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)</p>
<p><input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both</p> <p>Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u></p> <p>Description of Property: <u>Impastato Rental Properties: 2024 N Miro, New Orleans, LA 70116</u></p> <p>Value of the Interest in the Parcel: <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)</p>
<p><input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both</p> <p>Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u></p> <p>Description of Property: <u>Impastato Rental Properties: 2028 N Miro, New Orleans, LA 70116</u></p> <p>Value of the Interest in the Parcel: <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)</p>

* You are required to disclose the location by 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 E: Immovable Property

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Location of Property: State: <u>Louisiana</u> Parish/County: <u>Orleans</u> Description of Property: <u>Impastato Rental Properties: 5321 Wildair St., New Orleans, LA 70122</u> Value of the Interest in the Parcel: <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: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 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 F: Income from the State, Political

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

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): <u>City of Kenner</u> Name of Income Source: <u>Compensation for services as Kenner City Councilman, District 5</u> Address: <u>1801 Williams Blvd</u> City, State, Zip: <u>Kenner, LA 70062</u> Amount of Income (exact dollar amount): \$ <u>31,517.22</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): <u>Housing Authority of New Orleans</u> Name of Income Source: <u>Rental Income for rental properties</u> Address: <u>4100 Touro St.</u> City, State, Zip: <u>New Orleans, LA 70122</u> Amount of Income (exact dollar amount): \$ <u>38,575.00</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> 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 Received from Employment

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>Frischhertz Poulliard Frischhertz & Impastato LLC</u>	
Address: <u>1130 St. Charles Ave.</u>	
City, State, Zip: <u>New Orleans, LA 70130</u>	
Nature of services (pursuant to such employment): <u>Legal services as an attorney</u>	
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 checked="" type="checkbox"/> Category IV (more than \$100,000)	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	
Name of Employer: <u>SWI Consulting LLC</u>	
Address: <u>9 Platt St</u>	
City, State, Zip: <u>Kenner, LA 70065</u>	
Nature of services (pursuant to such employment): <u>Marketing consultation and healthcare contracting</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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	
Name of Employer: <u>City of Kenner</u>	
Address: <u>1801 Williams Blvd.</u>	
City, State, Zip: <u>Kenner, LA 70062</u>	
Nature of services (pursuant to such employment): <u>Services as councilman for city of Kenner</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

- * You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- * Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

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Schedule H: Income Received From Business

Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:

- 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>Frischhertz Poulliard Frischhertz & Impastato, LLC</u> Address: <u>1130 St. Charles Ave</u> City, State, Zip: <u>New Orleans, LA 70130</u> Nature of services rendered or reason income was received: <u>Partnership distributions from law firm</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: <u>Impastato Rental Properties LLC</u> Address: <u>9 Platt St</u> City, State, Zip: <u>Kenner, LA 70065</u> Nature of services rendered or reason income was received: <u>Rental income from rental properties</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse Name of Business: <u>SWI Consulting LLC</u> Address: <u>9 Platt St.</u> City, State, Zip: <u>Kenner, LA 70065</u> Nature of services rendered or reason income was received: <u>Marketing consulting fees</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse Name of Business: <u>Impastato Rental Properties LLC</u> Address: <u>9 Platt St</u> City, State, Zip: <u>Kenner, LA 70065</u> Nature of services rendered or reason income was received: <u>Rental income from rental properties</u>

- * You are required to complete SCHEDULE H if you or your spouse received income from a business.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.
- * Income received through *self-employment* is reported on SCHEDULE H.
- * "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 I: Other Income

Check if not applicable (any other income that exceeds \$1,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: <hr/> Nature of services rendered or reason income was received: <hr/> 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: <hr/> Nature of services rendered or reason income was received: <hr/> 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: <hr/> Nature of services rendered or reason income was received: <hr/> 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 I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.
- * "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 F, G, or H does not have to be restated on SCHEDULE I.
- * Income from retirement accounts not reported on Schedule F should be included on Schedule I.

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Schedule J: Investment Holdings

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

Check if not applicable

Filer Spouse Both

Name of Security:

Description of Security:

Filer Spouse Both

Name of Security:

Description of Security:

Filer Spouse Both

Name of Security:

Description of Security:

- * You are required to complete SCHEDULE J 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 K: 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: <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-\$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: <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-\$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: <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-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

* You are required to complete SCHEDULE K 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 (when the value of the transaction exceeded \$5,000 in the previous calendar year).

* 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 L: Liabilities

(a liability that exceeds \$10,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: ALL LIABILITIES FALL WITHIN THE ENUMERATED EXCEPTIONS BELOW 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): _____
<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 L 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" in R.S. 9:3516(13) 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.

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Schedule M: Positions - Business

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable

<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.

LOUISIANA BOARD OF ETHICS
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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 F does not have to be restated on SCHEDULE N.

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Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable

<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).