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

# TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: ORIGINAL REPORT AMENDED REPORT
<ul> <li>Icurrently 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.</li> <li>Office Sought: <u>Public Service Commisteror Dubaut</u>? Incumbent: 1976s INO Date of Election: <u>UP, 20/9</u></li> </ul>
Name of Filer(print full name): DAMON Joseph BALONE
Mailing Address: 4107 BAYON BLACK DEINE
City, State, Zip: 1404000 LA 70360
Name of Spouse (if applicable) (print full name): $N/\rho$
Spouse's Occupation:
Spouse's Principal Business Address:
City, State Zip:
Check all that apply:
$\Box$ I have filed my state income tax return for the previous year.
Thave 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.
In the previous year.
<u>NOTE</u> : La. R.S. 18;1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.
$\Box$ 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.

#### 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.

Jaldon Signature of Filer

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## Schedule A: Employment Information

Check if not applicable

Name of Employer: <u>Second</u>	J. Baldone,	D Part-Time N Pastessional LAW Conponation
	egal work	
□Filer □Spouse Name of Employer:	□ Full-Time	□ Part-Time
Job Title: Job Description:		
□Filer □Spouse Name of Employer:		Part-Time
□Filer □Spouse Name of Employer:		Part-Time

- 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.

## SCHEDULE B: POSITIONS - BUSINESS

Check if not applicable

⊡Filer □Spouse □Both
Amount of Interest: 100 %
Name of Business: DAMON J. BAdove, APLC
Address 163 New BRICANS Blud.
City, State, Zip: Houma, LA 103 6.1
Business Description: Fign
Nature of Association: Legn twolk
ŒAiler □Spouse □Both
Amount of Interest: 100 %
Name of Business: DAMON J. BALdONE LLC
Address: (12) Alew Ohlemus Blud. City, State, Zip: Iteuna LA 70364
City, State, Zip: ITPuna CA 70364
Business Description: Rent Rent Estate
Nature of Association: Owner
Iffiler ISpouse IBoth
Amount of Interest:/()_1)%
Name of Business: Chateau Creole Apartments, LLC
Address:AD A NELO O'CLE ANY STUA.
City, State, Zip: [touma / 03/ 4]
Business Description: Approximent (
Nature of Association:Ouver
In Spouse Both
Amount of Interest: /Q/)_%
Name of Business:Color, M Village Apartments, LLC
Address: Ned New OF ICAN'S 751.
Lity, State, Zip:
Business Description: A partments
Nature of Association:Owned

\* 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 ten percent.

\* "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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	LOUISIANA BOARD OF E	THICS
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i	Baton Rouge, Louisiana	70821

# SCHEDULE B: POSITIONS - BUSINESS

⊡ffler □Spouse □Both
Amount of Interest: 45 %
Name of Business: Louisiana Connection Network, LCC Address: 162 New Onleans Blud.
Addrese: 11-2 Now Dalas 21 /
City, State, Zip: <u>Houma, CA 70369</u>
Business Description: Tekyschum Atrin
Nature of Association:
Explier DSpouse DBoth
Amount of Interest: 106_%
Name of Business: RADONE OIL & GAS, LLC
City, State, Zip: <u>Houman LA 70364</u> Business Description: <u>Oil + GAS property</u>
Business Description: Oil + GAS DADDEalizer
Nature of Association:OLUNEA
Efflier Espouse Both
Amount of Interest: <u>39</u> %
Amount of Interest: <u>51</u> % Name of Business: <u>BREASE GAMENS</u> LLC Address: <u>162 News Caleman</u> <u>Rluid</u> City, State, Zip: <u>Human</u> (A 76164
Address: 162 New Delega RIL
City, State, Zip: House, (A 76164
Business Description: Teurit Ch
Business Description:
EFfler DSpouse DBoth
Amount of Interest: 39 %
Name of Business: <u>Baeque Baidge CAND</u> Investment LLC
Name of Business: <u>Bacque Baidge (And Investment LLC</u> Addross: <u>Ilad New Oaleans Blud</u>
(1) $(1)$
Business Description: (wd Owner
Nature of Association:Coownen

\* 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 ten percent.

\* "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.

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

Post Office Box 4368 Baton Rouge, Louisiana 70821

SCHEDULE	<b>B</b> :	Positions – Business
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Check if not applicable
Effler Spouse Both
Amount of Interest: 11-25.%
Name of Business: Baldane Rent Estate, ILC Address: 163 New Ocleans Blud.
Address: 162 New OcleANS Blud.
City, State, Zip: Houms, LA 70364
Business Description: Real Estate Book in
City, State, Zip:Human, LA 70364 Business Description: Red Estate Brakin Nature of Association: Manageney & Selling Red ethile for clients
Effiler Spouse Both
Amount of Interest: 100_%
Name of Business:       Raldowe Offshore CCC         Address:       IC3 New Orkaws Blud.         City, State, Zip:       Howna CA 20364         Business Description:       Offshore Due Support Vessel         Nature of Association:       Otherse
Address: 162 New Orkans Dlud.
City, State, Zip: lound LA 70364
Business Description: Offebrue Dire Support Vessel
EMiler DSpouse DBoth
Amount of Interest: 100 %
Name of Business: BAYOU FAM, LLC Address: 16 2 New Deleans Rlud.
Address: 16 & New Deleaner Rlud.
City, State, Zip: ( $10umA_1$ , $CA_1$ , $70364$
Business Description;Apartments
Nature of Association: Divinen
Effiler Spouse Both
Amount of Interest: 100 %
Name of Business: Bridane Envertment Gaurp, LLC
Address: 162 New Calippus RWI
Name of Business: Bridone Envertment Gaure, LLC Address: 162 New CaleAns RWI City, State, Zip: Houma, CA 10364
Business Description: <u>Saverment</u> 4. Iding 1 + MAR recordert
Nature of Association: Quine A

\* 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 ten percent.

\* "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.

**Revised December 2016** 

Check if not applicable

#### LOUISIANA BOARD OF ETHICS Post Office Box 4368

Baton Rouge, Louisiana 70821

CHEDULE B:	POSITIONS-	BUSINESS
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Differ OSpouse OBoth
Amount of Interest: 100 % Name of Business: <u>Planbulance Apprilance of S. LUC</u> Address: <u>ICD NEW Ocleans Blud</u> . City, State, Zip: <u>Houma, LA 70364</u>
Address: 160 New Ocleans Blud.
City, State, Zip: Houas, LA 70364
Business Description; <u>A part and s</u>
Nature of Association: Duwer
⊡Miler (]Spouse □Both
Amount of Interest: 55 %
Name of Business: Ballech, In c.
Address: (b.d. New Onleans Plug.
City, State, Zip: Cound. LA 7036 Y
Business Description:Phanon/seulaca/
Nature of Association:
Curiler Espouse Both
Amount of Interest: 33 5 %
Name of Business: Terreburne Austron, Inc.
Address: 16A New Opleans Blud.
City, State, Zip: Hound, LA 70364
Business Description: <u>Accelous</u>
Nature of Association: President
Effiler Espouse Both
Amount of Interest: 50 %
Name of Business: <u>Louising Consulting &amp; Business Sequicis, LLC</u>
Address:/(a) New Orlean 16 Lui
Gity, State, Zip; (to uma, CA '(UPG 4
Business Description: Sufficience Depathy Collection
Nature of Association: <u>Co-owner</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 ten percent.

\* "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.

### LOUISIANA BOARD OF ETHICS

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SCHEDULE B: POSITIONS - BUSINESS	 							
	INISCO	Brice	TIONS -	R.	ΗE	ΈDI	бсн	S

Check if not applicable
DRIer DSpouse DBoth
Amount of Interest: 39 %
Name of Business: Vermillion View, LLC
Name of Business: <u>Vermillion</u> Vew, LLC Address: <u>Ibd</u> New Optermis Rtul.
- 1 1.107. 5T309. 7.101 191.010. AGA 1. 7A 197.8. 77.7.37
Busiless Description: <u>Invite 1/an optantavel</u>
Nature of Association:Co-olaston
En ller Spouse Both
Amount of Interest: <u>50%</u>
Name of Business: <u>Xtreme</u> Punpt Supply, CLC
$1 \rightarrow 0$
City, State, Zip: (tourna, LA. 7036.4
Business Description: <u> </u>
Nature of Association:Cu-ouveo
□Filer □Spouse □Both
Amount of Interest:%
Name of Business:
Address:
City, 51100, 21.p.
Business Description:
Nature of Association;
DFiler DSpouse DBoth
Amount of Interest:%
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, 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 ten percent.

\* "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.

**Revised December 2016** 

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### Schedule C: Positions – Nonprofit

Check if not applicable
Defler Spouse Friends of the Name of Organization: South Louisians Wettends Distances Center Address: City, State, Zip:
Nature of Association: <u>IP.</u> + Director Description of Organization: <u>Support</u> Education of Wethmals
□Filer □Spouse
Name of Organization:
Nature of Association:
□Filer □Spouse
Name of Organization:
Nature of Association: Description of Organization:
□Filer □Spouse
Name of Organization:
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.

### Schedule D: Other Offices/Positions Held

Check If not applicable

Name of Office/Position: Public Service Commission/ Commissioner	
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.

## Schedule E: Immovable Property

(where the value of the interest in the parcel exceeds \$2,000)

LiCheck if not applicable			
Driler DSpouse D Both			
Location of Property: State: <u>LA</u> Parish/County: <u>Terreboons</u> Description of Property: <u>4107 Briton Black Dr.</u> Houns LA Pentonal Resident			
Description of Property: 4107 Bryon Black Dr., Human CA Pentonal Resident			
Valueof the Interest in the Parcel:          □Category I (less than \$5,000)         □Category II (\$5,000-\$24,999)         □Category III (\$25,000-\$100,000)         □Category IV (more than \$100,000)         □Category IV (more than \$100,00			
🖅 Tier 🗆 Spouse 🗅 Both			
Location of Property: State: <u>LA</u> Parish/County: <u>Tephebonne</u> Description of Property: <u>Fishing</u> (Amp			
Description of Property: - Ishing (Amp			
Valueof the Interest in the Parcel:          □Category I (less than \$5,000)         □Category II (\$5,000-\$24,999)         □Category III (\$25,000-\$100,000)         □Category IV (more than \$100,000)         □Category IV (more than \$100,00			
Estrifer Espouse EBoth			
Location of Property: State:			
Description of Property:			
Valueof the Interest in the Parcel: Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$100,000) Category IV (more than \$100,000)			
DFiler 🗆 Spouse 🗆 Both			
Location of Property: State:Parish/County: Description of Property:Beach_Home			
Valueof the Interest in the Parcel: <ul> <li>Category I (less than \$5,000)</li> <li>Category II (\$5,000-\$24,999)</li> <li>Category III (\$25,000-\$100,000)</li> <li>Category IV (more than \$100,000)</li> </ul>			

\*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.)

Jul. 17.	2017	3:40PM		No.1199 P. 12	
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		2017 JUL 17 PM 4:00		LOUISIANA BOARD OF ETHIC Post Office Box 436 Baton Rouge, Louisiana 7082	8

### Schedule F: Income from the State, Political Subdivisions, and/or Gaming Interests

Check if not applicable

Griler Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): Redman GAMING of Louisiana, LLC Name of Income Source: Redman GAMING of Louisiana, LLC
Name of Income Source: Ked MAN GAMING 'of Coulling ANA Coul
Address: <u>2424</u> MARIETTA St. City, State, Zip: <u>KENNEL, LA. 70067</u>
$City, state, Lip: \underline{\qquad} Kenneg (0, 1) = 0 = 0$
Amount of Income(exact dollar amount):\$ 208, 199.27
Itiler Spouse Business (where amount of interest exceeds 10%)
Type of Income: 🗆 State 🗇 Political Subdivision 🖉 Gaming Interest
Name of Business (if applicable): <u>Tall Timbers Teuckstop &amp; Chsino, LLC</u> Name of Income Source: <u>TAll Timbers Teuckstop &amp; Chsino, LLC</u> Address: <u>3434 Marietta Sl.</u>
Name of Income Source: TML TIMBERS TRUCKShop + CASING, CCC
Address: <u>3434 MARIE # A SI</u>
City, State, Zip: Servert Servert Servert City, State, Zip:
Amount of Income(exact dollar amount):\$ 69, 432
Drifer DSpouse Business (where amount of interest exceeds 10%)
Type of Income: 🗆 State 🖾 Political Subdivision 🖾 Gaming Interest
Type of Income: State Political Subdivision Gening Interest
Type of Income: State Political Subdivision Gening Interest
Type of Income: State Political Subdivision D-Gaming Interest Name of Business (if applicable): <u>34/7 Xpress Associates</u> LLC Name of Income Source: <u>34/1 Xpress Associates</u> LLC
Type of Income: State Political Subdivision Defining Interest Name of Business (if applicable): <u>34/7 Xpress Associates</u> , LLC Name of Income Source: <u>34/7 Xpress Associates</u> , CLC Address: <u>36 Jerde St.</u> City, State, Zip: <u>Kennen</u> , CA. 70065
Type of Income: State Political Subdivision Defining Interest Name of Business (if applicable): <u>34/7 Xpress Associates</u> , LLC Name of Income Source: <u>34/7 Xpress Associates</u> , CLC Address: <u>36 Jerde St.</u> City, State, Zip: <u>Kennen</u> , CA. 70065
Type of Income: State Political Subdivision Defining Interest Name of Business (if applicable): 34/7 Xpress Associates, LLC Name of Income Source: 34/7 Xpress Associates, LLC Address: 36 Verde St. City, State, Zip: Kenned, LA 70065 Amount of Income(exact dollar amount): 9, DE2, 73
Type of Income:       State       IPolitical Subdivision       IPolitical Subdivision         Name of Business (if applicable):       IPOLICY       Associates, LCC         Name of Income Source:       IPOLICY       Associates, CCC         Address:       IPOLICY       Associates, CCC         City, State, Zip:       Itelest, CA       TOOLS         Amount of Income(exact dollar amount):       9, DRIP, 73         Image: Comparison of the provided state st
Type of Income:       State       IPolitical Subdivision       IPolitical Subdivision         Name of Business (if applicable):       IPOLICY       Associates       LCC         Name of Income Source:       IPOLICY       Associates       LCC         Address:       IPOLICY       IPOLICY       IPOLICY       IPOLICY         Amount of Income(exact dollar amount):\$       IPOLICY       IPOLICY       IPOLICY         IPILIER       IPOlitical Subdivision       IPOLICY       IPOLICY         IPOLICY       IPOLICY       IPOLICY       IPOLICY
Type of Income:       State       IPolitical Subdivision       IPolitical Subdivision         Name of Business (if applicable):       34/7       Xpress       Assocrater, LLC         Name of Income Source:       34/7       Xpress       Assocrater, LLC         Name of Income Source:       34/7       Xpress       Assocrater, LLC         Address:       36       1/2 kdc       St.         City, State, Zip:       Kenned, LA       700655         Amount of Income(exact dollar amount):       9, 082, 73         Image:       Image:       Image:
Type of Income:       State       IPolitical Subdivision       IPolitical Subdivision         Name of Business (if applicable):       34/7       Xpress       Assocrater, LLC         Name of Income Source:       34/7       Xpress       Assocrater, LLC         Name of Income Source:       34/7       Xpress       Assocrater, LLC         Address:       36       1/2 kdc       St.         City, State, Zip:       Kenned, LA       700655         Amount of Income(exact dollar amount):       9, 082, 73         Image:       Image:       Image:
Type of Income:       State       IPolitical Subdivision       IPolitical Subdivision         Name of Business (if applicable):       IPOLY       Associates       LC         Name of Income Source:       IPOLY       Associates       LC         Address:       IPOLY       IPOLY       Associates       LC         Amount of Income(exact dollar amount):       IPOLY       IPOLY       IPOLY         IPOLY       IPOLY       IPOLY       IPOLY       IPOLY       IPOLY         IPOLY       IPOLY       IPOLY       IPOLY       IPOLY       IPOLY       IPOLY       IPOLY       IPOLY       IPOLY </td
Type of Income:       State       IPolitical Subdivision       IPolitical Subdivision         Name of Business (if applicable):       IPOLY       Associates       LCC         Name of Income Source:       IPOLY       Associates       LCC         Address:       IPOLY       IPOLS       Associates       LCC         Address:       IPOLS       Associates       LCC         Address:       IPOLS       IPOLS       Associates       LCC         Address:       IPOLS       IPOLS       Associates       LCC         Amount of Income(exact dollar amount):       IPOLS       IPOLS       IPOLS       IPOLS         IPFILEr       Spouse       IBusiness (where amount of interest exceeds 10%)       IPOLS       IPOLS       IPOLS       IPOLS         Type of Income:       IState       IPOlitical Subdivision       IPOLS       I

\* 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.

# Schedule G: Income Received from Employment

Check if not applicable
Effler Spouse Efull-time Part-time
Name of Employer: Damon J. Radane Address: Upa New Orleanse Blue.
Address: 162 New Orleans Blue: City, State, Zip: Hp uma, LA 70369
City, State, Zip: City Cana City Alton we 7
Nature of Services (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 Employer:
A dayage:
City, State, Zip:
Nature of Services (pursuant to such employment):
Amount of Income: Category I (less than \$5,000) Category 11(\$5,000-\$24,999)
□ Category IV(more than \$100,000)
□Category III(\$25,000-\$100,000) □Category IV(more than \$100,000) □Filer □Spouse □Full-time □Part-time
□Category III(\$25,000-\$100,000) □Category IV(more than \$100,000) □Filer □Spouse □Full-time □Part-time Name of Employer:
□Category III(\$25,000-\$100,000) □Category IV(more than \$100,000) □Filer □Spouse □Full-time □Part-time Name of Employer:
Category III(\$25,000-\$100,000) □Category IV(more than \$100,000) □Filer □Spouse □Full-time □Part-time Name of Employer:
□Category III(\$25,000-\$100,000) □Category IV(more than \$100,000) □Filer □Spouse □Full-time □Part-time Name of Employer:
Category III(\$25,000-\$100,000) □Category IV(more than \$100,000) □Filer □Spouse □Full-time □Part-time Name of Employer:
□Category III(\$25,000-\$100,000)       □Category IV(more than \$100,000)         □Filer       □Spouse       □Full-time         Name of Employer:
□Category III(\$25,000-\$100,000)       □Category IV(more than \$100,000)         □Filer       □Spouse       □Full-time         Name of Employer:
Category III(\$25,000-\$100,000)     Category III(\$25,000-\$100,000)     Category III(\$25,000-\$100,000)     City, State, Zip:     City, State, Zip:     Nature of Services (pursuant to such employment):     Amount of Income:     Category III(\$25,000-\$100,000)     Category
Category III(\$25,000-\$100,000)     Category III(\$25,000-\$100,000)     Category III(\$25,000-\$100,000)     Name of Employer:     Address:     City, State, Zip:     Nature of Services (pursuant to such employment):     Amount of Income:     Category II(\$25,000-\$100,000)     Category II(\$25,000-\$24,999)     Category II(\$25,000-\$100,000)     Category II(\$25,000-\$24,999)     Category II(\$25,000-\$100,000)     Category II(\$25,000-\$100,000)     Category II(\$25,000-\$24,999)     Category II(\$25,000-\$24,999)     Category III(\$25,000-\$100,000)     City, State, Zip:
Category III(\$25,000-\$100,000)     Category III(\$25,000-\$100,000)     Category III(\$25,000-\$100,000)     City, State, Zip:     City, State, Zip:     Nature of Services (pursuant to such employment):     Amount of Income:     Category III(\$25,000-\$100,000)     Category
Category III(\$25,000-\$100,000)       Category IV(more than \$100,000)         Filer       Spouse       Full-time         Name of Employer:

\* 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.

Jul. 17. 2017 3:	41PM
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	LOUISIANA BOARD OF ETHICS Post Office Box 4368 Baton Rouge, Louisiana 70821
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)	
Name of Business: <u>BADOME Real Estate</u> <u>LLL</u> Address: <u>ILD New Onlease</u> <u>RIL-A</u> City, State, Zip: <u>ILD New Onlease</u> <u>RIL-A</u> Nature of services rendered or reason income was received: <u>F</u>	
□Ifiler       □Spouse         Name of Business:       □Is a New Office we Klud.         Address:       Its a New Office we Klud.         City, State, Zip:       Its a New Office we Klud.         Nature of services rendered or reason income was received:	·
Image: Spouse       Image: Spouse         Name of Business:       Image: State         Address:       Image: State         City, State, Zip:       Image: State         Nature of services rendered or reason income was received:       Image: State	

\*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.

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

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	
-	
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 annuitles, 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 K: Transactions (a transaction that exceeds \$5,000)

□ Check if not applicable

and the second		• • • •
Effiler Spouse E		
Transaction Date:	116, No exact date.	
Description of Transaction	n: <u>Acquined peoperty</u>	by paying trace too 5814 May 56, Chaupy 6A 70353
	□Category I (less than \$5,000) □Category III(\$25,000-\$100,000)	Category II(\$5,000 \$24,999)
□Filer □Spouse □I	Both	
Transaction Date:		
Description of Transaction	n:	
Amount of Transaction:	Category I (less than \$5,000) Category III(\$25,000-\$100,000)	Category II(\$5,000-\$24,999) Category IV(more than \$100,000)
Filer Spouse	Both	
Transaction Date:		
Description of Transactio	n:	
Amount of Transaction:	□Category I (less than \$5,000) □Category III(\$25,000-\$100,000)	Category II(\$5,000-\$24,999) Category IV(more than \$100,000)
□Filer □Spouse □	Both	
	······································	
Description of Transactio	on:	
Amount of Transaction:	□Category I (less than \$5,000) □Category III(\$25,000-\$100,000)	Category II(\$5,000-\$24,999) 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.

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louistana 70821

# Schedule L: Liabilities (a Hability that exceeds \$10,000)

LiCheck if not applicable	
□Filer □Spouse	
Name of Creditor:	
Address:	
City, State, Zip	
Name of Guarantor (If applicable):	
□Filer □Spouse	
Name of Creditor:	· ·
Address:	
City. State, Zip	
Name of Guarantor (If applicable):	
□Filer □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.