

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: 2018

ORIGINAL REPORT

AMENDED REPORT

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.

Office Sought: Mayor-President of Lafayette

Incumbent: Yes No

Date of Election: October 12, 2019

NAME OF FILER (print full name): Carlee Alm-LaBar

Mailing Address: 517 Woodvale Avenue

City, State, Zip: Lafayette, LA 70503

NAME OF SPOUSE (if applicable) (print full name): William LaBar

Spouse's Occupation: Vice-President CGI Federal

Spouse's Principal Business Address: 1001 Lakeside Avenue

City, State, Zip: Cleveland, OH 44114

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.

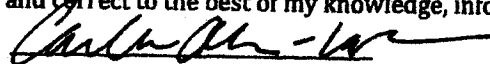
I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

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.


Signature of Filer

ETHICS BOARD RECEIVED
AUG 14 2019 10:10

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

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>Southern Lifestyle Development</u> Job Title: <u>Director, Traditional Neighborhood Developments</u> Job Description: <u>Managed development and operations for several traditional neighborhood developments.</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>Lafayette Consolidated Government</u> Job Title: <u>Director, Development and Planning</u> Job Description: <u>Managed a staff of employees responsible for local government's planning and development activities.</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>CGI Federal Inc</u> Job Title: <u>Vice-President</u> Job Description: <u>Consults companies and organizations to leverage information technology to solve complex business problems through digital transformation.</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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule B: Positions - Business

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % 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 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit** Check if not applicable

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse
Name of Organization: <u>Downtown Lafayette Unlimited</u>
Address: <u>735 Jefferson, #204</u>
City, State, Zip: <u>Lafayette, LA 70501</u>
Nature of Association: <u>Downtown membership organization</u>
Description of Organization: <small>Downtown Lafayette Unlimited is a private, non-profit corporation formed in November, 1983. Its general mission is the physical, economic and cultural revitalization of the downtown district - restoring and preserving its important place as the center of life in Acadiana.</small>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Leadership Institute of Acadiana</u>
Address: <u>804 E. St. Mary</u>
City, State, Zip: <u>Lafayette, LA 70503</u>
Nature of Association: <u>Leadership development</u>
Description of Organization: <small>The Leadership Institute of Acadiana grew out of the flagship leadership program, Leadership Lafayette. Today, the Leadership Institute of Acadiana serves the community by offering several leadership programs and has over 1,500 program graduates across Leadership Lafayette, Lafayette Junior Leadership, Acadiana OnBoard, and Intro Lafayette.</small>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse
Name of Organization: <u>One Acadiana</u>
Address: <u>804 E. St. Mary</u>
City, State, Zip: <u>Lafayette, LA 70503</u>
Nature of Association: <u>Business membership organization</u>
Description of Organization: <small>One Acadiana is a business-led, privately-funded economic development organization serving a nine-parish (county) area in South Louisiana. The vision is to make our region one of the most sought-after places in the South for emerging businesses and professional talent.</small>

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

Schedule C: Positions - Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>ReCover Acadiana</u>
Address: <u>P.O. Box 2082</u>
City, State, Zip: <u>Lafayette, LA 70502</u>
Nature of Association: <u>Beautification organization</u>
Description of Organization: <u>ReCover Acadiana was founded to assist in community improvement projects and collaborations. The organization's tackles beautification and blight reduction projects to improve places.</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Siddiqi Charitable Foundation</u>
Address: <u>706 Walnut Street, Suite 600</u>
City, State, Zip: <u>Knoxville, TN 37902</u>
Nature of Association: <u>Charitable Foundation</u>
Description of Organization: <u>To promote the health and wellness of the residents of East Tennessee and Appalachia.</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>United Way of Acadiana</u>
Address: <u>215 E. Pinhook Road</u>
City, State, Zip: <u>Lafayette, LA 70501</u>
Nature of Association: <u>Social service agency</u>
Description of Organization: <u>United Way fights for the health, education, and financial stability of every person in every community. United Way envisions a world where all individuals and families achieve their human potential through education, income stability, and healthy lives.</u>

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

Schedule C: Positions - Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Junior League of Lafayette</u>
Address: <u>504 Richland Avenue</u>
City, State, Zip: <u>Lafayette, LA 70508</u>
Nature of Association: <u>Women's membership organization</u>
Description of Organization: <small>Junior League of Lafayette is an organization of women committed to promoting voluntarism, developing the potential of women, and improving the community through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.</small>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Lafayette Youth Soccer Association</u>
Address: <u>200 Sonny Roy Lane</u>
City, State, Zip: <u>Lafayette, LA 70507</u>
Nature of Association: <u>Soccer organization</u>
Description of Organization: <small>The mission of Lafayette Youth Soccer Association is to administer a complete soccer program for all players with the focus being player development, sportsmanship, and community involvement.</small>
<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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368

Baton Rouge, Louisiana 70821

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:	_____
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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule E: Immovable Property

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

Filer Spouse Both

Location of Property:

State: Louisiana Parish/County: Lafayette Parish

Description of Property: Personal Residence

Value of 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)

Filer Spouse Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of 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)

Filer Spouse Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of 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)

* 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.)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule F: Income from the State, Political

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

<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): \$ _____
<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): \$ _____
<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.

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>Southern Lifestyle Development</u>
Address: <u>1100 Camellia Blvd</u>
City, State, Zip: <u>Lafayette, LA 70503</u>
Nature of services (pursuant to such employment): <u>Managed development and operations for traditional neighborhood developments</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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name of Employer: <u>Lafayette Consolidated Government</u>
Address: <u>PO Box 4017-C</u>
City, State, Zip: <u>Lafayette, LA 70502</u>
Nature of services (pursuant to such employment): <u>Managed department of approximately 50 employees in planning and development activities</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 checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name of Employer: <u>CGI Federal Inc</u>
Address: <u>1001 Lakeside Avenue</u>
City, State, Zip: <u>Cleveland, OH 44114</u>
Nature of services (pursuant to such employment): <u>Information technology consultant</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)

- * 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.

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)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____

- * 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

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule I: Other Income

(any other income that exceeds \$1,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: Nature of services rendered or reason income was received: 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: Nature of services rendered or reason income was received: 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: Nature of services rendered or reason income was received: 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.

LOUISIANA BOARD OF ETHICS

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

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.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule K: Transactions

(a transaction that exceeds \$5,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Transaction Date: <u>08/29/2018</u> Description of Transaction: Sales of Stock
Amount of Transaction: <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)
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: <u>09/04/2018</u> Description of Transaction: CSO Stock
Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction:
Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

* You are required to complete SCHEDULE 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, Louisiana 70821

Schedule L: 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): _____
<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.