

# TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

## GENERAL INFORMATION

- ❖ You are required to file a Tier 1 Personal Financial Disclosure Statement if you are a statewide elected official; the department secretary of Economic Development, Culture Recreation and Tourism, Environmental Quality, Health and Hospitals, Louisiana Workforce Commission, Natural Resources, Public Safety and Corrections, Revenue, Children and Family Services, Transportation and Development, Wildlife and Fisheries, and Veterans Affairs; Commissioner of the Division of Administration; Policy Director of the Office of the Governor; Chief of Staff of the Office of the Governor; Deputy Chief of Staff of the Office of the Governor; Legislative Director in the Office of the Governor; Executive Counsel to the Governor; Public Service Commission Executive Secretary; Civil Service Director; Superintendent of Education; Commissioner of Higher Education; and the president of each public postsecondary education system.
- ❖ You are required to file a personal financial disclosure statement for the prior calendar year **on or before May 15** of each year you hold office, **AND** by May 15 of the year following the termination of the holding of such office.
- ❖ You are only required to complete *schedules* that are applicable to your personal financial status. If additional copies of the schedules are needed, copies are available at [www.ethics.la.gov](http://www.ethics.la.gov).
- ❖ If you hold more than one office that requires you to file a financial disclosure statement, you are only required to file one financial disclosure statement. Such financial disclosure statement shall be filed under the highest tier. Tier levels (highest to lowest): Tier 1, Tier 2, Tier 2.1, Tier 3.
- ❖ You may not request an extension to file your personal financial disclosure statement.
- ❖ **If your holding of office ends in January**, you may file your “final” personal financial disclosure statement for the days served in January, if the disclosure statement is filed on or before May 15 of the year in which your service ends. By filing this “final” personal financial disclosure statement, you are not required to file the year following the termination of the holding of such office.

- ❖ For additional information, call our office at 225-219-5600 or visit our website, [www.ethics.la.gov](http://www.ethics.la.gov), and view the *Disclosure—Frequently Asked Questions* section or the information sheets provided under *General Information—Publications*.
- ❖ Acceptable methods for filing a personal financial disclosure statement:
  - Fax: 225-381-7271
  - Mail: Board of Ethics, Post Office Box 4368, Baton Rouge, Louisiana 70821
  - Commercial or Hand-delivery: 617 North Third Street, LaSalle Building, Suite 1036, Baton Rouge, LA 70802
  - Upload via agency website: [www.ethics.la.gov](http://www.ethics.la.gov) (pdf format only)

# INSTRUCTIONS

## Cover Sheet

- You are required to disclose financial information related to the **previous calendar year**.
- You are required to disclose information related to you and your spouse (if applicable).
- You are required to disclose whether you have filed your federal and state income tax returns for the previous year, or requested an extension in filing your returns.
- You may not request an extension to file your personal financial disclosure statement.
- You are required to sign the cover sheet certifying that the information contained is true and correct to the best of your knowledge, information, and belief.

## Schedule A: Employment Information

- 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.

## Schedule B: Positions – Business

- 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 **or** if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.
- **“Business” means** any corporation, limited liability company, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

## Schedule C: Positions – Nonprofit

- 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

- You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2, 42:1124.2.1, or 42:1124.3.

## Schedule E: Immovable Property

- You are required to complete SCHEDULE E if you or your spouse (either individually or collectively) has an interest in property (regardless of the property’s location) where the value of the interest in the property exceeds \$2,000.
- Value is determined by the assessor for purposes of ad valorem taxes.
- You are required to disclose the address of the property. If no address is available, you must disclose the location by state and parish or county of each parcel of immovable property.
- You are required to provide a brief description of the immovable property and the fair market value or use value (of your interest in the parcel) as determined by the assessor.
- The value is reported by category:
  - Category I: Less than \$5,000
  - Category II: \$5,000 - \$24,999
  - Category III: \$25,000 - \$49,999
  - Category IV: \$50,000 - \$99,999
  - Category V: \$100,000 - \$199,999
  - Category VI: \$200,000 or more

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

- **You are required to complete SCHEDULE F** if you or your spouse received income from the State, any political subdivision, and/or a gaming interest, **OR** if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- Amount of income must be reported as an exact dollar amount.
- **“Business” means** any corporation, limited liability company, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- **“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.
- **“Political Subdivision” means** a parish, municipality, or any other unit of local government, including a school board or a special district authorized by law to perform governmental functions, e.g., hospital service districts, school boards (and schools under its authority), police juries, parish councils, boards of aldermen, cities, towns, villages, clerks of court, special districts, etc.
- **“Gaming Interest” means** [as defined in La. R.S. 18:1505.2L(3)(a)] (i) Any person who holds a license or permit as a distributor of gaming devices, who holds a license or permit as a manufacturer of gaming devices, who holds a license or permit as a device service entity, and any person who owns a truck stop or a licensed pari-mutuel or off-track wagering facility which is a licensed device establishment, all pursuant to the Video Draw Poker Devices Control Law; (ii) Any person who holds a license to conduct gaming activities on a riverboat, who holds a license or permit as a distributor or supplier of gaming devices or gaming equipment including slot machines, or who holds a license or permit as a manufacturer of gaming devices or gaming equipment including slot machines issued pursuant to the Louisiana Riverboat Economic Development and Gaming Control Act, and any person who owns a riverboat upon which gaming activities are licensed to be conducted; or (iii) Any person who holds a license or entered into a contract for the conduct of casino gaming operations, who holds a license or permit as a distributor of gaming devices or gaming equipment including slot machines, or who holds a license or permit as a manufacturer of gaming devices or gaming equipment including slot machines issued pursuant to the Louisiana Economic Development and Gaming Corporation Act, and any person who owns a casino where such gaming operations are licensed.

## **Schedule G: Income**

- You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.
- **“Income” (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- If the income is derived from professional or consulting services and the disclosure of the name or address of the source of income would be prohibited by law or by a professional code, such income should be disclosed on SCHEDULE H.
- You are not required to disclose income derived from child support or alimony payments contained in a court order.
- You are not required to disclose income received from disability payments from any source.
- Income reported on SCHEDULE F does not have to be restated on SCHEDULE G, H, or I.

- Income is to be reported by category:
  - Category I: Less than \$5,000
  - Category II: \$5,000 - \$24,999
  - Category III: \$25,000 - \$49,999
  - Category IV: \$50,000 - \$99,999
  - Category V: \$100,000 - \$199,999
  - Category VI: \$200,000 or more

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

- You are required to complete SCHEDULE H if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.
- You are required to report the number of clients and the amount of income received for each applicable industry type.
- **“Income” (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- The amount of income is reported by category:
  - Category I: Less than \$5,000
  - Category II: \$5,000 - \$24,999
  - Category III: \$25,000 - \$49,999
  - Category IV: \$50,000 - \$99,999
  - Category V: \$100,000 - \$199,999
  - Category VI: \$200,000 or more

## **Schedule I: Investment Holdings**

- You are required to complete SCHEDULE I if you or your spouse holds investment securities (where each investment security has a value exceeding \$1,000).
- You are not required to disclose funds in 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.
- The value is reported by category:
  - Category I: Less than \$5,000
  - Category II: \$5,000 - \$24,999
  - Category III: \$25,000 - \$49,999
  - Category IV: \$50,000 - \$99,999
  - Category V: \$100,000 - \$199,999
  - Category VI: \$200,000 or more

## **Schedule J: Transactions**

- You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures that exceeded \$1,000 each in the previous calendar year, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.
- You are not required to report information concerning the purchase or sale of variable annuities, variable life insurance, or variable universal life insurance.

- The amount of the transaction is reported by category:
  - Category I: Less than \$5,000
  - Category II: \$5,000 - \$24,999
  - Category III: \$25,000 - \$49,999
  - Category IV: \$50,000 - \$99,999
  - Category V: \$100,000 - \$199,999
  - Category VI: \$200,000 or more

## **Schedule K: Liabilities**

- You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes a liability where the liability exceeds \$10,000.
- You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.
- You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.
- You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.
- The amount is reported by category:
  - Category I: Less than \$5,000
  - Category II: \$5,000 - \$24,999
  - Category III: \$25,000 - \$49,999
  - Category IV: \$50,000 - \$99,999
  - Category V: \$100,000 - \$199,999
  - Category VI: \$200,000 or more

## **Schedule L: Contributions**

- You are required to complete SCHEDULE L if you are 1) directly employed by a *statewide elected official* to serve as an agency head AND you made a contribution or loan in excess of \$1,000 to the campaign of the official who employed you; and/or, 2) appointed to a state board or commission AND you made a contribution or loan in excess of \$1,000 to a campaign of the official who appointed you.
- You are only required to disclose contributions or loans made within one year of employment or appointment.
- **“Contribution” means** a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.
- **“Loan” means** a transfer of money, property, or anything of value in exchange for an obligation to repay in whole or in part.
- **“Candidate” means** a person who seeks nomination or election to public office except the office of president or vice president of the United States, presidential elector, delegate to the political party convention, U.S. Senator, U.S. Congressman, or a political party office.

# **TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

- I currently hold an office that would require me to file a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

THIS REPORT COVERS CALENDAR YEAR: \_\_\_\_\_

- ORIGINAL REPORT  
 AMENDED REPORT  
 FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY \_\_\_\_)  
A final report 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: \_\_\_\_\_

NAME OF FILER (print full name): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City, State, Zip \_\_\_\_\_

NAME OF SPOUSE (if applicable) (print full name) \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Principal Business Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**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. 42:1124.1 DOES NOT provide you the opportunity to request an extension in filing your personal financial disclosure statement.

### **Certification 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

## Schedule A: Employment Information

Check if not applicable

Filer    Spouse             Full-Time    Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Filer    Spouse             Full-Time    Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Filer    Spouse             Full-Time    Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

Filer    Spouse             Full-Time    Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

- You are required to complete SCHEDULE A to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

## Schedule B: Positions – Business

Check if not applicable

|  |
|--|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Amount of Interest: _____ %<br>Name of Business: _____<br>Address: _____<br>City, State, Zip: _____<br>Business Description: _____<br>Nature of Association: _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Amount of Interest: _____ %<br>Name of Business: _____<br>Address: _____<br>City, State, Zip: _____<br>Business Description: _____<br>Nature of Association: _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Amount of Interest: _____ %<br>Name of Business: _____<br>Address: _____<br>City, State, Zip: _____<br>Business Description: _____<br>Nature of Association: _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Amount of Interest: _____ %<br>Name of Business: _____<br>Address: _____<br>City, State, Zip: _____<br>Business Description: _____<br>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 OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.**

**\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.**



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**SCHEDULE C: POSITIONS – NONPROFIT**

Check if not applicable

|   |
|---|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Organization: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Association: _____<br>Description of Organization: _____<br>_____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Organization: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Association: _____<br>Description of Organization: _____<br>_____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Organization: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Association: _____<br>Description of Organization: _____<br>_____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Organization: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Association: _____<br>Description of Organization: _____<br>_____ |

**\*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

(Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement)

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, 42:1124.2.1, or 42:1124.3.

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**Schedule E: Immovable Property**

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

Check if not applicable

|   |   |   |
|---|---|---|
| Address or Location of Property: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |   |   |
| State: _____ Parish/County: _____   |   |   |
| Address: _____  |   |   |
| Description of Property: _____  |   |   |
| Value of the Interest in the Parcel by Category:  |   |   |
| <input type="checkbox"/> Category I (less than \$5,000)   | <input type="checkbox"/> Category II (\$5,000-\$24,999)   | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999)  | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more)  |

  

|   |   |   |
|---|---|---|
| Address or Location of Property: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |   |   |
| State: _____ Parish/County: _____   |   |   |
| Address: _____  |   |   |
| Description of Property: _____  |   |   |
| Value of the Interest in the Parcel by Category:  |   |   |
| <input type="checkbox"/> Category I (less than \$5,000)   | <input type="checkbox"/> Category II (\$5,000-\$24,999)   | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999)  | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more)  |

  

|   |   |   |
|---|---|---|
| Address or Location of Property: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |   |   |
| State: _____ Parish/County: _____   |   |   |
| Address: _____  |   |   |
| Description of Property: _____  |   |   |
| Value of the Interest in the Parcel by Category:  |   |   |
| <input type="checkbox"/> Category I (less than \$5,000)   | <input type="checkbox"/> Category II (\$5,000-\$24,999)   | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999)  | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more)  |

  

|   |   |   |
|---|---|---|
| Address or Location of Property: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |   |   |
| State: _____ Parish/County: _____   |   |   |
| Address: _____  |   |   |
| Description of Property: _____  |   |   |
| Value of the Interest in the Parcel by Category:  |   |   |
| <input type="checkbox"/> Category I (less than \$5,000)   | <input type="checkbox"/> Category II (\$5,000-\$24,999)   | <input type="checkbox"/> Category III (\$25,000-\$49,999) |
| <input type="checkbox"/> Category IV (\$50,000-\$99,999)  | <input type="checkbox"/> Category V (\$100,000-\$199,999) | <input type="checkbox"/> Category VI (\$200,000 or more)  |

**\* You are required to disclose the address, if any, and if no address, the location by state, and parish/county.**

**\* Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.**

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

Check if not applicable

|   |
|---|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%)<br>Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest<br>Name of Business (if applicable): _____<br>Name of Income Source: _____<br>Address: _____<br>City, State, Zip: _____<br>Amount of Income (exact dollar amount): \$ _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%)<br>Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest<br>Name of Business (if applicable): _____<br>Name of Income Source: _____<br>Address: _____<br>City, State, Zip: _____<br>Amount of Income (exact dollar amount): \$ _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%)<br>Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest<br>Name of Business (if applicable): _____<br>Name of Income Source: _____<br>Address: _____<br>City, State, Zip: _____<br>Amount of Income (exact dollar amount): \$ _____ |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%)<br>Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest<br>Name of Business (if applicable): _____<br>Name of Income Source: _____<br>Address: _____<br>City, State, Zip: _____<br>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 (income that exceeds \$1,000 from each source)

Check if not applicable

|   |
|---|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Source of Income: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Services Rendered: _____<br>Type of Income: _____<br>Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Source of Income: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Services Rendered: _____<br>Type of Income: _____<br>Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Source of Income: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Services Rendered: _____<br>Type of Income: _____<br>Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Source of Income: _____<br>Address: _____<br>City, State, Zip: _____<br>Nature of Services Rendered: _____<br>Type of Income: _____<br>Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |

\* You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

\*Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.

\* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE H.

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Baton Rouge, Louisiana 70821

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

CHECK if no income was received from professional or consulting services (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

Check if not applicable

|                                |                            |                     |  |  |
|--------------------------------|----------------------------|---------------------|--|--|
| <b>UTILITIES</b>               | <b>INDUSTRY TYPE</b>       | <b># OF CLIENTS</b> | <b>AMOUNT OF INCOME BY CATEGORY</b>  | <b>INCOME RECIPIENT</b>  |
|                                | Electric                   |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Gas                        |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Telephone                  |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Water                      |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Cable Television Companies |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
| <b>TRANSPORTATION</b>          | <b>INDUSTRY TYPE</b>       | <b># OF CLIENTS</b> | <b>AMOUNT OF INCOME BY CATEGORY</b>  | <b>INCOME RECIPIENT</b>  |
|                                | Intrastate Companies       |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Pipeline Companies         |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Oil & Gas Exploration      |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Oil & Gas Production       |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                |                            | Oil & Gas Retailers |  | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI |
| <b>FINANCE &amp; INSURANCE</b> | <b>INDUSTRY TYPE</b>       | <b># OF CLIENTS</b> | <b>AMOUNT OF INCOME BY CATEGORY</b>  | <b>INCOME RECIPIENT</b>  |
|                                | Banks                      |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Savings & Loan Assoc.      |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Loan and/or Finance        |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Manufacturing Firms        |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Mining Companies           |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Life Insurance Companies   |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Casualty Insurance Comp.   |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |
|                                | Other Insurance Companies  |                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both   |

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule H: Income From Certain Professional or Consulting Services (continued)**

Check if not applicable

| RETAIL COMPANIES | INDUSTRY TYPE         | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY   | INCOME RECIPIENT   |
|------------------|-----------------------|--------------|--|--|
|                  | Beer Companies        |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
|                  | Wine Companies        |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
|                  | Liquor Companies      |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
|                  | Beverage Distributors |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| ASSOCIATIONS     | INDUSTRY TYPE         | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY   | INCOME RECIPIENT   |
|                  | Trade                 |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
|                  | Professional          |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
| OTHER            | INDUSTRY TYPE         | # OF CLIENTS | AMOUNT OF INCOME BY CATEGORY   | INCOME RECIPIENT   |
|                  |                       |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |
|                  |                       |              | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI | <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |

\* You are required to complete SCHEDULE H if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

**CATEGORY RANGES:**

CATEGORY I (LESS THAN \$5,000)

CATEGORY II (\$5,000-\$24,999)

CATEGORY III (\$25,000-\$49,999)

CATEGORY IV (\$50,000-\$99,999)

CATEGORY V (\$100,000-\$199,999)

CATEGORY VI (\$200,000 OR MORE)

## Schedule I: Investment Holdings (a holding that exceeds \$1,000 in value)

Check if not applicable

|   |
|---|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Name of Security: _____<br>Description of Security: _____<br><br><b>Value by Category:</b> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Name of Security: _____<br>Description of Security: _____<br><br><b>Value by Category:</b> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Name of Security: _____<br>Description of Security: _____<br><br><b>Value by Category:</b> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Name of Security: _____<br>Description of Security: _____<br><br><b>Value by Category:</b> <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities that have a value that exceeds \$1,000 each.

\*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  
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**Schedule J: Transactions** (a transaction that exceeds \$1,000)

Check if not applicable

|  |
|--|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Transaction Date: _____<br>Description of Transaction: _____<br>_____<br>_____<br>Amount of Transaction:<br><input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Transaction Date: _____<br>Description of Transaction: _____<br>_____<br>_____<br>Amount of Transaction:<br><input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Transaction Date: _____<br>Description of Transaction: _____<br>_____<br>_____<br>Amount of Transaction:<br><input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both<br>Transaction Date: _____<br>Description of Transaction: _____<br>_____<br>_____<br>Amount of Transaction:<br><input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures THAT EXCEED \$1,000 EACH, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.

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

## Schedule K: Liabilities (a liability that exceeds \$10,000)

Check if not applicable

|   |
|---|
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (if applicable): _____<br>Nature of Liability: _____<br>Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (if applicable): _____<br>Nature of Liability: _____<br>Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (if applicable): _____<br>Nature of Liability: _____<br>Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |
| <input type="checkbox"/> Filer <input type="checkbox"/> Spouse<br>Name of Creditor: _____<br>Address: _____<br>City, State, Zip: _____<br>Name of Guarantor (if applicable): _____<br>Nature of Liability: _____<br>Amount of liability: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)<br><input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more) |

\* You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.

\* You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\* You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\* You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
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**Schedule L: Contributions** (made within one year of employment - in excess of \$1,000)

Check if not applicable

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

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

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

\* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

\* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

\* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.