

## Tier 1 Personal Financial Disclosure (FOR CANDIDATES)

Pursuant to *La. R.S. 18:1495.7*, any person who becomes a candidate for an office for which the holder of the office is required to file financial disclosure statements shall file a personal financial disclosure statement for the office for which he is a candidate.

### **GENERAL INFORMATION**

- ❖ You are required to file a Tier 1 Personal Financial Disclosure Statement if you are a candidate seeking a statewide elected seat, i.e., governor, lieutenant governor, secretary of state, attorney general, state treasurer, commissioner of agriculture and forestry, or commissioner of insurance.
- ❖ If you are seeking **re-election** and you have previously filed an annual personal financial disclosure statement timely with the Board of Ethics (in the same calendar year), such filing shall satisfy the requirements of this Section.
- ❖ You are required to report financial information for the previous calendar year.
- ❖ You may not request an extension to file your personal financial disclosure statement.
- ❖ 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).
- ❖ You must file your personal financial disclosure statement with the Board of Ethics **WITHIN THREE (3) BUSINESS DAYS after the close of the qualifying period during which you filed your Notice of Candidacy for the 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. If you are a candidate in an election to be held prior to April 15<sup>th</sup> and you have not filed your taxes for the prior year, you need to check the appropriate box.
- 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 for purposes of ad valorem taxes.
- 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 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 the 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**

## **(FOR CANDIDATES)**

This Report Covers Calendar Year: \_\_\_\_\_

ORIGINAL REPORT

AMENDED REPORT

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

Office/Position Sought: \_\_\_\_\_ Incumbent:  Yes  No

Date of Election: \_\_\_\_\_

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

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

### **Certification of Accuracy**

I do hereby certify 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

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

## 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.

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

## 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: _____

\* 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%) 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): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

**\* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.**

**\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.**

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

**\* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.**

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**Schedule G: Income** (income that exceeds \$1,000 from each source)

Check if not applicable

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

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

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

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

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	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
<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**

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**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
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 Name of Security: _____ Description of Security: _____  <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) <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 Name of Security: _____ Description of Security: _____  <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) <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 Name of Security: _____ Description of Security: _____  <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) <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 Name of Security: _____ Description of Security: _____  <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) <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.

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

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

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

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

Check if not applicable

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

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

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

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

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

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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.