LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

(ANNUAL) TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

GENERAL INFORMATION

- **You are required to file a Tier 2 Personal Financial Disclosure Statement if you serve as a *state legislator*; serve as an *elected official* representing a voting district with a population over 5,000; serve as a member of the *Board of Elementary and Secondary Education;* serve as the superintendent of the *Recovery School District*; serve as a member of the *Board of Ethics;* serve as a member of the *Ethics Adjudicatory Board*; serve as the *Administrator of the Ethics Administration;* serve as the executive director of the *Louisiana Housing Corporation;* or serve as a member of the *Board of Pardons.***
- You are required to file a personal financial disclosure statement in 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.
- If additional copies of the schedules are needed, copies are available at www.ethics.la.gov.
- If you hold another position/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. If you hold an office that would require you to file under Tier 2.1 or Tier 3, you must complete Schedule D.
- If you file for an extension on your federal income tax, you may request an extension in filing your personal financial disclosure statement, **IF** a notice is received by this Board on or before **May 15.** The personal financial disclosure statement must then be filed within 30 days after your federal income taxes are filed.
- **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, 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:
  - **Electronic Filing**: go to www.ethics.la.gov > Disclosure & select PFD E-File (requires login)
  - **Upload**: Go to www.ethics.la.gov > Disclosure & select File Upload (pdf format only)
  - **Fax**: 225-381-7271
  - **Mail:** Board of Ethics, P.O. Box 4368, Baton Rouge, Louisiana 70821
  - **Commercial or Hand-delivery**: 617 North Third St., LaSalle Bldg., Suite 1036, Baton Rouge, LA 70802

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 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 **and** 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. 42:1124.2.1, 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 immovable property (regardless of the property's location) where the value of the interest in the property exceeds $5,000.
- You are required to disclose the location by state, and parish/county.
- You are required to provide a brief description of the immovable property and 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 - $100,000
  - Category IV: More than $100,000

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 received 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, city councils, clerks of court, 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 Received from Employment

- You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- Income reported on SCHEDULE F does not have to be restated on SCHEDULE G, H, or I.
- **Income received through *self-employment* is disclosed on SCHEDULE H.**
- Income is reported by category:
    - Category I: Less than $5,000
    - Category II: $5,000 - $24,999
    - Category III: $25,000 - $100,000
    - Category IV: more than $100,000

Schedule H: Income from Business

- You are required to complete SCHEDULE H if you or your spouse received income from a *business.*
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- **"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 received through *self-employment* is disclosed on SCHEDULE H.**
- You are required to include a brief description of the nature of services rendered to each business or the reason such income was received.
- Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H or I.
- The aggregate amount of such income is reported by category:
    - Category I: Less than $5,000
    - Category II: $5,000 - $24,999
    - Category III: $25,000 - $100,000
    - Category IV: More than $100,000

Schedule I: Other Income

- You are required to complete SCHEDULE I if you or your spouse received any other type of income that exceeded $1,000 from any one source.
- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- Income reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.
- You are not required to report income derived from child support and alimony payments contained in a court order, or from disability payments from any source.
- You are required to provide a brief description of the nature of the services rendered, or the reason such income was received.
- Income received is reported by category:
    - Category I: Less than $5,000
    - Category II: $5,000 - $24,999
    - Category III: $25,000 - $100,000
    - Category IV: More than $100,000

Schedule J: Investment Holdings

- You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value exceeding $5,000.
- 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, exchange-traded funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

Schedule K: Transactions

- You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded $5,000 in the previous calendar year).

- You are not required to report the purchase or sale of variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, exchange-traded funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.
- The transaction amount is reported by category:
  - Category I: Less than $5,000
  - Category II: $5,000 - $24,999
  - Category III: $25,000 - $100,000
  - Category IV: More than $100,000

Schedule L: Liabilities

- You are required to complete SCHEDULE L if you or your spouse (either individually or collectively) owes any liability which exceeds $10,000 on the last day of the reporting period.
- You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.
- You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.
- You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.
- You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).
- You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.
- **"Consumer Credit Transaction" in R.S. 9:3516(13) means** a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

Schedule M: Positions - Business

- **You are required to complete SCHEDULE M only if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**
- You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership in the business.
- **"Business" means** any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- **Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M**.

Schedule N: Income from the State and/or Political Subdivisions

- **You are required to complete SCHEDULE N only if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**
- You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.
- **"Income" (for a business) means** gross income less costs of goods sold, and operating expenses.

- **"Income" (for an individual) means** taxable income and shall not include any income received pursuant to a life insurance policy.
- **Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N**.

Schedule O: Income from a Governmental Entity

- **You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**
- You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.
- You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.
- **"Thing of Economic Value" means** money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

(ANNUAL) TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

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

Print Form

☐ ORIGINAL REPORT

This Report Covers Calendar Year: ____________

☐ AMENDED REPORT

☐ FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY ___, 20___])

A final reports must be filed on or before May 15 of the year in which your service to that office ends.
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: ____

NAME OF FILER (print full name): ____

Mailing Address : ____

City, State, Zip: ____

NAME OF SPOUSE(if applicable)(print full name): ____

Spouse's Occupation: ____

Spouse's Principal Business Address: ____

City, State, Zip: ____

CHECK ALL THAT APPLY

☐ I have filed my state income tax return for the year listed above.
☐ I have filed for an extension of my state income tax return for the year listed above.
☐ I have filed my federal income tax return for the year listed above.
☐ I have filed for an extension of my federal income tax return for the year listed above.

CERTIFICATE OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

____
Signature of Filer

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule A: Employment Information

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ 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: ______________________

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time
Name of Employer: ______________________
Job Title: ______________________
Job Description: ______________________

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

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule B: Positions - Business

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Both

Amount of Interest: ____________________ %

Name of Business: ____________________

Address: ____________________

City, State, Zip: ____________________

Business Description: ____________________

Nature of Association: ____________________

☐ Filer ☐ Spouse ☐ Both

Amount of Interest: ____________________ %

Name of Business: ____________________

Address: ____________________

City, State, Zip: ____________________

Business Description: ____________________

Nature of Association: ____________________

☐ Filer ☐ Spouse ☐ Both

Amount of Interest: ____________________ %

Name of Business: ____________________

Address: ____________________

City, State, Zip: ____________________

Business Description: ____________________

Nature of Association: ____________________

- **You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.**
- **"Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule C: Positions - Nonprofit

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse

Name of Organization: ______________________

Address: ______________________

City, State, Zip: ______________________

Nature of Association: ______________________

Description of Organization: ______________________

☐ Filer ☐ Spouse

Name of Organization: ______________________

Address: ______________________

City, State, Zip: ______________________

Nature of Association: ______________________

Description of Organization: ______________________

☐ Filer ☐ Spouse

Name of Organization: ______________________

Address: ______________________

City, State, Zip: ______________________

Nature of Association: ______________________

Description of Organization: ______________________

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

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule D: Other Offices/Positions Held

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

Name of Office/Position: ______________________________

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

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule E: Immovable Property

☐ Check if not applicable **(where the value of the interest in the parcel exceeds $5,000)**

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: ______________ Parish/County: ______________

Description of Property: ______________________________

Value of the Interest in the Parcel:

☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)

☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: ______________ Parish/County: ______________

Description of Property: ______________________________

Value of the Interest in the Parcel:

☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)

☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: ______________ Parish/County: ______________

Description of Property: ______________________________

Value of the Interest in the Parcel:

☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)

☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

*** You are required to disclose the location by state and parish/county.**

*** You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

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

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business(if applicable): ____________________

Name of Income Source: ____________________

Address: ____________________

City, State, Zip: ____________________

Amount of Income (exact dollar amount): $ __________

☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business(if applicable): ____________________

Name of Income Source: ____________________

Address: ____________________

City, State, Zip: ____________________

Amount of Income (exact dollar amount): $ __________

☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ 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.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule G: Income Received from Employment

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: ____________________

Address: ____________________

City, State, Zip: ____________________

Nature of services (pursuant to such employment): ____________________

Amount of Income: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)
☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: ____________________

Address: ____________________

City, State, Zip: ____________________

Nature of services (pursuant to such employment): ____________________

Amount of Income: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)
☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: ____________________

Address: ____________________

City, State, Zip: ____________________

Nature of services (pursuant to such employment): ____________________

Amount of Income: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)
☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

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

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule H: Income Received From Business

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:

☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)

☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse

Name of Business: ______

Address: ______

City, State, Zip: ______

Nature of services rendered or reason income was received: ______

☐ Filer ☐ Spouse

Name of Business: ______

Address: ______

City, State, Zip: ______

Nature of services rendered or reason income was received: ______

☐ Filer ☐ Spouse

Name of Business: ______

Address: ______

City, State, Zip: ______

Nature of services rendered or reason income was received: ______

☐ Filer ☐ Spouse

Name of Business: ______

Address: ______

City, State, Zip: ______

Nature of services rendered or reason income was received: ______

- **You are required to complete SCHEDULE H if you or your spouse received income from a business.**
- **"Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
- **Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.**
- **Income received through *self-employment* is reported on SCHEDULE H.**
- **"Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule I: Other Income

☐ Check if not applicable

(any other income that exceeds $1,000)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999) ☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999) ☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999) ☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

- **You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded $1,000.**
- **"Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
- **You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.**
- **Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.**
- **Income from retirement accounts not reported on Schedule F should be included on Schedule I.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule J: Investment Holdings

☐ Check if not applicable

(an investment holding that exceeds $5,000)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Both
Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both
Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both
Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both
Name of Security:

Description of Security:

*** You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds $5,000.**

*** You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, exchange-traded 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
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule K: Transactions

☐ Check if not applicable

(a transaction that exceeds $5,000)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Both

Transaction Date: ____________________

Description of Transaction:

____

Amount of Transaction: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)
☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: ____________________

Description of Transaction:

____

Amount of Transaction: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)
☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: ____________________

Description of Transaction:

____

Amount of Transaction: ☐ Category I (less than $5,000) ☐ Category II ($5,000-$24,999)
☐ Category III ($25,000-$100,000) ☐ Category IV (more than $100,000)

* **You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded $5,000 in the previous calendar year).**

* **You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, exchange-traded funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule L: Liabilities

☐ Check if not applicable

(a liability that exceeds $10,000)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse

Name of Creditor: ______________________

Address: ______________________

City, State, Zip: ______________________

Name of Guarantor (If applicable): ______________________

☐ Filer ☐ Spouse

Name of Creditor: ______________________

Address: ______________________

City, State, Zip: ______________________

Name of Guarantor (If applicable): ______________________

☐ Filer ☐ Spouse

Name of Creditor: ______________________

Address: ______________________

City, State, Zip: ______________________

Name of Guarantor (If applicable): ______________________

☐ Filer ☐ Spouse

Name of Creditor: ______________________

Address: ______________________

City, State, Zip: ______________________

Name of Guarantor (If applicable): ______________________

***You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds $10,000 on the last day of the reporting period.**
***You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.**
***You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.**
***You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.**
*** You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).**
***You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.**
***"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule M: Positions - Business

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

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Both

Name of Business: ______________________

Address: ______________________

City, State, Zip: ______________________

Business Description: ______________________

Nature of Association: ______________________

Amount of Interest: __________ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: ______________________

Address: ______________________

City, State, Zip: ______________________

Business Description: ______________________

Nature of Association: ______________________

Amount of Interest: __________ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: ______________________

Address: ______________________

City, State, Zip: ______________________

Business Description: ______________________

Nature of Association: ______________________

Amount of Interest: __________ %

* **You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**
* **You are required to disclose information related to ownership interest in a business *regardless of the percentage of ownership*.**
* **"Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.**
* **Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

☐ Check if not applicable

Schedule N: Income from the State and/or Political Subdivisions

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

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse ☐ Business

Type of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): ______________________

Name of Income Source: ______________________

Address: ______________________

City, State, Zip: ______________________

Amount of Income (exact dollar amount): $ __________

☐ Filer ☐ Spouse ☐ Business

Type of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): ______________________

Name of Income Source: ______________________

Address: ______________________

City, State, Zip: ______________________

Amount of Income (exact dollar amount): $ __________

☐ Filer ☐ Spouse ☐ Business

Type of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): ______________________

Name of Income Source: ______________________

Address: ______________________

City, State, Zip: ______________________

Amount of Income (exact dollar amount): $ __________

*** You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**

*** You are required to disclose all income received by a business in which you or your spouse received *regardless of the percentage of ownership in the business*.**

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

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

*** Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule O: Income from a Governmental Entity

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

☐ Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

☐ Filer ☐ Spouse

Name of Governmental Entity: ______

Nature of Contract/Sub-Contract: ______

Value (of thing of economic value) Derived: ______

☐ Filer ☐ Spouse

Name of Governmental Entity: ______

Nature of Contract/Sub-Contract: ______

Value (of thing of economic value) Derived: ______

☐ Filer ☐ Spouse

Name of Governmental Entity: ______

Nature of Contract/Sub-Contract: ______

Value (of thing of economic value) Derived: ______

☐ Filer ☐ Spouse

Name of Governmental Entity: ______

Nature of Contract/Sub-Contract: ______

Value (of thing of economic value) Derived: ______

*** You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**
*** You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.**
*** You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.**
***"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).**