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

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

☐ 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 L.

This Report Covers Calendar Year: 2015

☒ ORIGINAL REPORT
☐ AMENDED REPORT
☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY ☐)
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: DISTRICT ATTORNEY

Name of Filer (print full name) JAMES EDWARD PAXTON

Mailing Address POST OFFICE BOX 97

City, State, Zip ST. JOSEPH, LOUISIANA 71366

Name of Spouse (print full name) CHRIS CAFFEY PAXTON

Spouse's Occupation PHYSICAL THERAPIST - RETIRED

Spouse's Principal Business Address N/A

City, State, Zip N/A

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.
☐ I have filed for an extension of my federal income tax return for the previous year **AND** I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

2015 MAY 18 PM 1:18
RECEIVED

Certification of Accuracy

I do hereby certify, after having been duly sworn, 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

Sworn to and subscribed before me this 13th day of May, 2015.

John D. Crigler, Jr
Notary Public (print name)

Notary Public (signature)

ID#

Date Commission Expires JOHN D. CRIGLER, JR
LA BAR NO. 31118
COMM. EXP. AT DEATH

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Schedule A: Employment Information

☐ Check if not applicable

☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-Time
Job Title: DISTRICT ATTORNEY
Name of Employer: STATE OF LOUISIANA
Address: 501 EAST GREEN STREET
City, State, Zip: TALLULAH, LOUISIANA 71282
Job Description: DISTRICT ATTORNEY FOR THE SIXTH JUDICIAL DISTRICT

☒ Filer ☐ Spouse ☐ Full-Time ☒ Part-Time
Job Title: ATTORNEY AT LAW
Name of Employer: BISHOP PAXTON CRIGLER & MOBERLEY, APLC
Address: POST OFFICE BOX 97
City, State, Zip: ST. JOSEPH, LOUISIANA 71366
Job Description: WORK FOR BISHOP PAXTON CRIGLER & MOBERLEY, APLC, MAINTAINING A GENERAL CIVIL LAW PRACTICE

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time
Job Title:
Name of Employer:
Address:
City, State, Zip:
Job Description:

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time
Job Title:
Name of Employer:
Address:
City, State, Zip:
Job Description:

- **You are required to disclose employment information related to both you and your spouse.**
- **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

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: BISHOP PAXTON CRIGLER & MOBERLEY, APLC

Address: POST OFFICE BOX 97

City, State, Zip: ST. JOSEPH, LOUISIANA 71366

Business Description: PRIVATE LAW PRACTICE

Nature of Association: SHAREHOLDER

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): 50 %

Name of Business: WYOMING LAND, LLC

Address: POST OFFICE BOX 97

City, State, Zip: ST. JOSEPH, LOUISIANA 71366

Business Description: LIMITED LIABILITY COMPANY WHICH OWNS AGRICULTURAL LAND

Nature of Association: MEMBER

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

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, 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, 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

☐ 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 agency.**

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

☐ Check if not applicable

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

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

Name of Business (if applicable): N/A

Name of Income Source: STATE OF LOUISIANA

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ 50,000.00

☐ 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 D 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.**
*** "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 E: Income Received from Employment

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-Time ☒ Part-Time

Name of Source of Income: BISHOP PAXTON CRIGLER & MOBERLEY, APLC

Address: POST OFFICE BOX 97

City, State, Zip: ST. JOSEPH, LOUISIANA 71366

Nature of Services Rendered (pursuant to such employment): LEGAL SERVICES

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 Source of Income: TENSAS STATE BANK

Address: POST OFFICE BOX 368

City, State, Zip: NEWELLTON, LOUISIANA 71357

Nature of Services Rendered (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 Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered (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 E to disclose the income received by you or your spouse for each full-time or part-time employment position held.**
***Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.**
***Income received through *self-employment* is reported on SCHEDULE F.**
*** "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.**

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Schedule F: Income Received from Business Interests

☐ Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

☐ 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: TENSAS STATE BANK

Address: POST OFFICE BOX 368

City, State, Zip: NEWELLTON, LOUISIANA 71357

Nature of services rendered **OR** reason income was received: DIVIDENDS FROM BANK STOCK

☒ Filer ☐ Spouse

Name of Business: COMMERCIAL CAPITAL BANK

Address:

City, State, Zip: DELHI, LOUISIANA 71232

Nature of services rendered **OR** reason income was received: DIVIDENDS FROM BANK STOCK

☐ Filer ☐ Spouse

Name of Business:

Address:

City, State, Zip:

Nature of services rendered **OR** reason income was received:

***You are required to complete SCHEDULE F if you or your spouse received income from a business interest.**
*** "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.**
***Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.**

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Schedule G: Other Income

☒ Check if not applicable **(any other income that exceeds $1,000 from each source)**

☐ 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 G if you or your spouse received any other type of income that exceeded $1,000 from any one source.**
*** "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.**
***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 D, E, or F does not have to be restated on SCHEDULE G.**

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Schedule H: Immovable Property

☐ Check if not applicable

(a property that exceeds $2,000 in value)

☒ Filer ☐ Spouse ☐ Both

Location of Property

Country: USA State: LOUISIANA Parish/County: MADISON

Description of Property:

HOUSE & APPROXIMATELY 5 ACRES OF IMMOVABLE PROPERTY

Fair Market or Use Value:
☐ 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

Country: USA State: MISSISSIPPI Parish/County: OKTIBEHA

Description of Property:

HOUSE & APPROXIMATELY 2 ACRES OF IMMOVABLE PROPERTY

Fair Market or Use Value:
☐ 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

Country: USA State: LOUISIANA Parish/County: TENSAS

Description of Property:

LAW OFFICE

Fair Market or Use Value:
☐ 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 country, 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.)**

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Schedule H: Immovable Property

☐ Check if not applicable

(a property that exceeds $2,000 in value)

☒ Filer ☐ Spouse ☐ Both

Location of Property

Country: USA State: LOUISIANA Parish/County: MADISON

Description of Property:

APPROXIMATELY 51 ACRES OF IMMOVABLE PROPERTY CONSISTING OF AGRICULTURE AND LIVESTOCK BUILDINGS

Fair Market or Use Value:

☐ 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

Country: USA State: LOUISIANA Parish/County: TENSAS

Description of Property:

APPROXIMATELY 308 ACRES OF TIMBER LAND

Fair Market or Use Value:

☐ 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

Country: State: Parish/County:

Description of Property:

Fair Market or Use Value:

☐ 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 country, 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.)**

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Schedule I: Investment Holdings

☐ Check if not applicable

(an investment holding that exceeds $5,000)

☐ Filer ☐ Spouse ☒ Both

Name of Security:
TENSAS STATE BANK

Description of Security:
COMMON STOCK

☒ Filer ☐ Spouse ☐ Both

Name of Security:
COMMERCIAL CAPITAL BANK

Description of Security:
COMMON STOCK

☒ Filer ☐ Spouse ☐ Both

Name of Security:
CHARLES SCHAUB

Description of Security:
MULTIPLE PUBLICALLY TRADED STOCKS AND CASH

*** You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds $5,000.**
*** You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.**
*** You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.**

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Schedule I: Investment Holdings

☐ Check if not applicable

(an investment holding that exceeds $5,000)

☐ Filer ☒ Spouse ☐ Both

Name of Security:
CHARLES SCHAUB

Description of Security:
MULTIPLE PUBLICALLY TRADED STOCKS AND CASH

☒ Filer ☐ Spouse ☐ Both

Name of Security:
WYOMING LAND COMPANY, LLC

Description of Security:
LIMITED LIABILITY COMPANY WHICH OWNS IMMOVABLE PROPERTY

☐ Filer ☒ Spouse ☐ Both

Name of Security:

Description of Security:
LIMITED LIABILITY COMPANY WHICH OWNS IMMOVABLE PROPERTY

*** You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds $5,000.**
*** You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.**
*** You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.**

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Schedule I: Investment Holdings

☐ Check if not applicable

(an investment holding that exceeds $5,000)

☒ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

QUARTER HORSES

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

*** You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds $5,000.**
*** You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.**
*** You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.**

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Schedule J: Transactions

☒ Check if not applicable

(a transaction that exceeds $5,000)

☐**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)

☐**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 J 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 (which exceeds $5,000 each).**

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

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Schedule K: Liabilities

☒ Check if not applicable

(a liability that exceeds $10,000)

☐ 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 K 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" 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, R.S. 9:3516(13).**

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Schedule L: Other Offices/Positions Held

☒ Check if not applicable

Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

***You are required to complete SCHEDULE L 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.**

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Schedule M: Positions - Business

☐ Check if not applicable **(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)**

☐ 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.**

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

☐ Check if not applicable

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

☐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 D does not have to be restated on SCHEDULE N.**

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Schedule O: Income from a Governmental Entity

☐ Check if not applicable

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

☐ 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).**