

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

2016 MAY 16 PM 3:41

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 D.

ORIGINAL REPORT

This Report Covers Calendar Year: 2015

AMENDED REPORT

FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY])

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: State Representative, District Eight

NAME OF FILER (print full name): James Michael Johnson

Mailing Address: 5029 Willow Chase Drive

City, State, Zip: Benton, LA 71006

NAME OF SPOUSE(if applicable)(print full name): Kelly Lary Johnson

Spouse's Occupation: teacher

Spouse's 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.
- 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.

CERTIFICATE 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.

James Michael Johnson
Signature of Filer

Sworn to and subscribed before me this 16 day of May, 2016

JASON POE
Notary Public (print name)

Jason Poe
Notary Public (signature)

ID# _____

Date Commission Expires _____

Jason W. Poe, Bar ID No. 31918

Notary Public

Caddo Parish, Louisiana

My Commission Is For Life

www.ethics.la.gov

Received 15:37:16 2016-05-16

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: Kitchens Law Firm

Job Title: Partner

Job Description: General Civil Law Practice

Filer Spouse Full-Time Part-Time

Name of Employer: Law Office Of Mike Johnson

Job Title: Owner

Job Description: Attorney

Filer Spouse Full-Time Part-Time

Name of Employer: Providence Classical Academy

Job Title: Teacher

Job Description: Teacher

Filer Spouse Full-Time Part-Time

Name of Employer: Law Offices of Mike Johnson

Job Title: Owner

Job Description: Attorney

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
 Post Office Box 4368
 Baton Rouge, Louisiana 70821

Schedule B: Positions - Business

Check if not applicable

Filer Spouse Both

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

Name of Business: Law Offices of Mike Johnson

Address: 2250 Hospital Drive

City, State, Zip: Bossier City LA 71111

Business Description: Law Firm

Nature of Association: Owner

Filer Spouse Both

Amount of Interest (amount exceeds 10%): 20 %

Name of Business: Kitchens Law Firm

Address: 420 Broadway

City, State, Zip: Minden, LA 71058

Business Description: Law Firm

Nature of Association: Partner with 20% Equity Share

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, 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
 Post Office Box 4368
 Baton Rouge, Louisiana 70821

Schedule C: Positions - Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Freedom Guard</u> Address: <u>2250 Hospital Drive Suite 204</u> City, State, Zip: <u>Bossier City La 71111</u> Nature of Association: <u>Chief Counsl</u> Description of Organization: <u>Public Interest Law Firm</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Providence Classical Academy</u> Address: <u>4525 Old Brownlee Road</u> City, State, Zip: <u>Bossier City LA 71111</u> Nature of Association: <u>Board Member</u> Description of Organization: <u>K-12 Private School</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Living Waters Publications</u> Address: <u>9816 Arkansas Street</u> City, State, Zip: <u>Bellflower CA 90706</u> Nature of Association: <u>Board Member</u> Description of Organization: <u>Christian Ministry and Publishing House</u>

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

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

Schedule C: Positions - Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Louisiana Family Forum</u> Address: <u>655 St. Ferdinand Street</u> City, State, Zip: <u>Baton Rouge, LA 70802</u> Nature of Association: <u>Board Member</u> Description of Organization: <u>Advocating Family Policies</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Louisiana Right to Life</u> Address: <u>7121 Catina</u> City, State, Zip: <u>New Orleans LA 70124</u> Nature of Association: <u>Northwest Louisiana Director and Legal Counsel</u> Description of Organization: <u>Pro life advocacy</u>
<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.**

<p>LOUISIANA BOARD OF ETHICS Post Office Box 4368 Baton Rouge, Louisiana 70821</p>

Schedule D: Other Offices/Positions Held

Check if not applicable

Name of Office/Position: <u>State Representative District Eight</u>
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

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

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule E: Immovable Property

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

Filer Spouse Both

Location of Property:

State: Louisiana Parish/County: Bossier

Description of Property: Family Residence

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

Filer Spouse Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

Filer Spouse Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

Filer Spouse Both

Location of Property:

State: _____ Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

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

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

Schedule F: Income from the State, Political 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): _____
 Name of Income Source: Louisiana House of Representatives
 Address: P O Box 94062
 City, State, Zip: Baton Rouge LA 70804
 Amount of Income (exact dollar amount): \$ 23,213.00

Filer Spouse Business (where amount of interest exceeds 10%)
 Type of Income: State Political Subdivision Gaming Interest
 Name of Business (if applicable): Kitchens Law Firm, APLC
 Name of Income Source: Duncan PLLC (Duncan has Contract with DHH/State - Duncan Subcontracted Kitchens Law Firm)
 Address: 1629 K Street NW Suite 300
 City, State, Zip: Washington DC 20006
 Amount of Income (exact dollar amount): \$ 46,920.00

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): \$ _____

- * 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
 Post Office Box 4368
 Baton Rouge, Louisiana 70821

Schedule G: Income Received from Employment

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>Kitchens Law Firm</u>	
Address: <u>420 Broadway</u>	
City, State, Zip: <u>Minden LA 71056</u>	
Nature of services (pursuant to such employment): <u>Attorney/Partner</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000)	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	
Name of Employer: <u>Providence Classical Academy</u>	
Address: <u>4525 Old Brownlee Road</u>	
City, State, Zip: <u>Bossier City LA 71111</u>	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

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

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

Schedule H: Income Received From Business

Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:

- Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

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

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

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

Schedule I: Other Income

Check if not applicable

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: <hr/> Nature of services rendered or reason income was received: <hr/> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: <hr/> Nature of services rendered or reason income was received: <hr/> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: <hr/> Nature of services rendered or reason income was received: <hr/> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

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

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

Schedule J: Investment Holdings

Check if not applicable (an investment holding that exceeds \$5,000)

Filer Spouse Both
 Name of Security:

 Description of Security:

Filer Spouse Both
 Name of Security:

 Description of Security:

Filer Spouse Both
 Name of Security:

 Description of Security:

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

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

Schedule K: Transactions

Check if not applicable (a transaction that exceeds \$5,000)

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

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

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

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

Schedule L: Liabilities

Check if not applicable

(a liability that exceeds \$10,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

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

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

*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

* You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

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

**"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

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

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____ %
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____ %
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> 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
 Post Office Box 4368
 Baton Rouge, Louisiana 70821

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 F does not have to be restated on SCHEDULE N.

<p align="center">LOUISIANA BOARD OF ETHICS Post Office Box 4368 Baton Rouge, Louisiana 70821</p>
--

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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract: _____ Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract: _____ Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract: _____ Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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).