

LOUISIANA
ETHICS COMMISSION
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AUG 14 2017

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2016

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ 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.

Office Sought: New Orleans Mayor

Incumbent: ☐ Yes ☒ No

Date of Election: 10/14/17

Name of Filer (print full name): Frank M. Scorlock

Mailing Address: 828 Royal St. #405

City, State, Zip: New Orleans LA 70116

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 previous year.

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

☒ I have filed my federal income tax return for the previous year.

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

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

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

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 ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Employer: Speci Wall's Express LLCJob Title: MANAGEMENT

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.

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SCHEDULE B: POSITIONS – BUSINESS

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>Air World Entertainment LLC</u> Address: <u>1141 Margaret Pl</u> City, State, Zip: <u>New Orleans LA 70130</u> Business Description: <u>Inflatable Entertainment Attractions</u> Nature of Association: <u>President, CEO</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>Transformation Village LLC</u> Address: <u>7816 Breckwater Dr.</u> City, State, Zip: <u>New Orleans LA 70124</u> Business Description: <u>Amusement Park Development</u> Nature of Association: <u>managing member</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>50</u> % Name of Business: <u>Edu-Platform Innovations Inc</u> Address: <u>450 31st St. Greer LA 70065</u> City, State, Zip: _____ Business Description: <u>Educational Platforms</u> Nature of Association: <u>Director</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>50</u> % Name of Business: <u>Safety Air Cushion Inc.</u> Address: <u>1141 Margaret Pl.</u> City, State, Zip: <u>New Orleans LA 70116</u> Business Description: <u>Safety Platforms</u> Nature of Association: <u>VP</u>

* 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.

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SCHEDULE B: POSITIONS – BUSINESS

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>ICNARF HOLDINGS GROUP LLC</u> Address: <u>7816 Breakwater Dr.</u> City, State, Zip: <u>New Orleans LA 70124</u> Business Description: <u>Amusement Park Acquiring.</u> Nature of Association: <u>managing member</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business 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 ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions – Nonprofit**☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: NOBILER

Address: _____

City, State, Zip: _____

Nature of Association: Religious Director

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: _____

☐ 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.**

Schedule D: 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: _____

***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 ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Immovable Property**

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

☐ Check if not applicable☒ Filer ☐ Spouse ☐ Both

Location of Property:

State: LA Parish/County: ShreveportDescription of Property: Warehouse

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: FL Parish/County: CelebrationDescription of Property: Condo

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: FL Parish/County: DestinDescription of Property: Condo

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: TX Parish/County: ShelbyDescription of Property: Lot

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 ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Immovable Property**

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

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: <u>LA</u> Parish/County: <u>Orleans</u> Description of Property: <u>Warehouses</u> Value of the Interest in the Parcel: <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 type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <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 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 ETHICSPost 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: _____

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): \$ _____

☐ 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 ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Income Received from Employment**☐ Check if not applicable☒ Filer ☐ Spouse ☐ Full-time ☐ Part-timeName of Employer: Space Walk Express LLCAddress: 3220 S I-10 Service RoadCity, State, Zip: Metairie LA 70001Nature of Services (pursuant to such employment): ManagementAmount 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)☐ 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 ETHICSPost 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)☒ Filer ☐ SpouseName of Business: Space Walk Express LLCAddress: 3220 S I-10 Service Rd.City, State, Zip: Metairie LA 70001

Nature of services rendered or reason income was received:

Rentals of Party Inflatables☒ Filer ☐ SpouseName of Business: Space Walk Aqua Park Ventures LLCAddress: 3220 S I-10 Service Rd.City, State, Zip: Metairie LA 70001

Nature of services rendered or reason income was received:

Rentals of Party Inflatables☒ Filer ☐ SpouseName of Business: Inflatable Zoo of New OrleansAddress: 450 31st St. Kenner LA 70065

City, State, Zip: _____

Nature of services rendered or reason income was received:

Rentals of Party Equip & Inflatables

*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 ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule I: Other Income** (any other income that exceeds \$1,000)☐ Check if not applicable☒ Filer ☐ SpouseDescription of Income: Taxable Interest, Capital Gains, Rental Real Estate, Royalties, Partnerships, TrustNature of services rendered or reason income was received: Trust Distributions and income from various assets + investmentsAmount 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.**

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Schedule J: Investment Holdings (an investment holding that exceeds \$5,000)

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Both

Name of Security: Entergy

Description of Security: Electric Power Production

☐ 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.**

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Schedule K: Transactions (a transaction that exceeds \$5,000)☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: <u>4/22/16</u> Description of Transaction: <u>Withdrawal of Taxable Investment Portfolio containing numerous stocks, bonds, mutual funds.</u> Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" 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: _____ 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: _____ 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: _____ 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.**

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

☐ Check if not applicable

☒ Filer ☐ Spouse

Name of Creditor: American Express Credit Card

Address: 200 Vesey St.

City, State, Zip New York, NY 10285

Name of Guarantor (If applicable): _____

☒ Filer ☐ Spouse

Name of Creditor: Bank of America Credit Card

Address: 100 North Tryon St.

City, State, Zip Charlotte, NC, 28255

Name of Guarantor (If applicable): _____

☒ Filer ☐ Spouse

Name of Creditor: Gwinnett Residential Investments LLC

Address: 3442 Francis Rd Suite 160

City, State, Zip Alpharetta GA 30004

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

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule L: Liabilities** (a liability that exceeds \$10,000)☐ Check if not applicable☒ Filer ☐ SpouseName of Creditor: Chase Bank Credit CardAddress: 270 Park AveCity, State, Zip New York, NY 10017

Name of Guarantor (If applicable): _____

☒ Filer ☐ SpouseName of Creditor: Internal Revenue ServiceAddress: 1555 Poydras St.City, State, Zip New Orleans LA 70112

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.