

HAND DELIVERED

ETHICS BOARD REC'D
AUG 10 2023 4:55 PM

LOUISIANA BOARD OF ETHICS

Mail: P.O. Box 4368, Baton Rouge, LA 70821

Fax: 225-381-7271

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(CANDIDATE) TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

This Report Covers Calendar Year: 2022

☒ ORIGINAL REPORT

☐ AMENDED REPORT

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

Office/Position Sought: GOVERNOR

Incumbent: ☐ Yes ☐ No

Date of Election: OCT 14th 2023

Name of Filer (print full name):

FATRICK HENRY "DAD" BARTHELE

Address (residence):

#3 WAX MYRTLE LN.

City, State, Zip:

ST. ROSE, LOUISIANA. 70087

Name of Spouse(if applicable) (print full name):

SINGLE

Spouse's Occupation:

SHE CLAIMS WERE DIVORCED

Principal Business Address:

City, State, Zip:

Check all that apply:

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

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

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

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

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

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

Certification of Accuracy

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

Signature of Filer

FATRICK HENRY "DAD" BARTHELE

UNEMPLOYED
SINCE
2020
BP Oil
Spill
Sicknes

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Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule A: Employment Information**☐ Check if not applicable☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer:

AMERICAN ALLIANCE AND ASSOCIATES SERVICES/LLC. ^{EMERGENCY}

Job Title:

OWNER

Job Description:

CONTRACTORINACTIVE LLC. SINCE 2010☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

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

Name of Employer: _____

Job Title: _____

Job Description: _____

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

Name of Employer: _____

Job Title: _____

Job Description: _____

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

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Name of Business:

A.A.A. EMERGENCY SERVICES

Address:

#3 WAX MYRTLE LN

City, State, Zip:

ST ROSE, LA. 70087

Business Description:

EMERGENCY SERVICES COMPANY

Nature of Association:

ELECTRICAL & MECHANICAL CONTRACTOR*INACTIVE SINCE 2010*☐ 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, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Name of Organization:

REV. PATRICK HENRY "DAD" BARTHEL

Address:

#3 WAX MYRTLE LN

City, State, Zip:

ST. ROSE, LA. 70087

Nature of Association:

ORDAINED MINISTER

Description of Organization:

AFFORDABLE HOUSING

☐ 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.

Revised December 2021

Form 415B

www.ethics.la.gov

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(Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3

Personal Financial Disclosure Statement)

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 D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2, 42:1124.2.1, or 42:1124.3.

Revised December 2021

Form 415B

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Address or Location of Property:

☒ Filer ☐ Spouse ☐ BothState: LOUISIANA Parish/County: ST CHARLESAddress: # 3 WAX MYRTLE LN. ST ROSE, LA. 70087

Description of Property:

Condo

Value of the Interest in the Parcel by Category:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☒ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)

Address or Location of Property:

☐ Filer ☐ Spouse ☐ Both

State: _____ Parish/County: _____

Address: _____

Description of Property:

Value of the Interest in the Parcel by Category:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)

Address or Location of Property:

☐ Filer ☐ Spouse ☐ Both

State: _____ Parish/County: _____

Address: _____

Description of Property:

Value of the Interest in the Parcel by Category:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)

* You are required to disclose the address, if any, and if no address, the location by state, and parish/county.

* Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

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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.

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(income that exceeds \$1,000 from each source)

☐ Filer ☐ Spouse

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered: _____

Type of Income: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered: _____

Type of Income: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered: _____

Type of Income: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.

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

* You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

* Income that is reported on Schedule F does not have to be restated on SCHEDULE G.

* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE H.

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

UTILITIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Electric		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Gas		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Telephone		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Water		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Cable Television Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

TRANSPORTATION	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Intrastate Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Pipeline Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Exploration		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Production		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Retailers		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

FINANCE & INSURANCE	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Banks		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Savings & Loan Assoc.		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Loan and/or Finance		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Manufacturing Firms		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Mining Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Life Insurance Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Casualty Insurance Comp.		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Other Insurance Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

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RETAIL COMPANIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Beer Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Wine Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Liquor Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Beverage Distributors		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

ASSOCIATIONS	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Trade		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Professional		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

OTHER	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

* You are required to complete SCHEDULE H if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

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

Category Ranges:

Category I (less than \$5,000)

Category IV (\$50,000-\$99,999)

Category II (\$5,000-\$24,999)

Category V (\$100,000-\$199,999)

Category III (\$25,000-\$49,999)

Category VI (\$200,000 or more)

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(a holding that exceeds \$1,000 in value)

☒ Check if not applicable☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

Value by category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

Value by category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

Value by category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE I if you or your spouse holds investment securities that have a value that exceeds \$1,000 each.

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

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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(a transaction that exceeds \$1,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)	<input type="checkbox"/> Category III (\$25,000-\$49,999)
<input type="checkbox"/> Category IV (\$50,000-\$99,999)	<input type="checkbox"/> Category V (\$100,000-\$199,999)	<input type="checkbox"/> Category VI (\$200,000 or more)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)	<input type="checkbox"/> Category III (\$25,000-\$49,999)
<input type="checkbox"/> Category IV (\$50,000-\$99,999)	<input type="checkbox"/> Category V (\$100,000-\$199,999)	<input type="checkbox"/> Category VI (\$200,000 or more)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)	<input type="checkbox"/> Category III (\$25,000-\$49,999)
<input type="checkbox"/> Category IV (\$50,000-\$99,999)	<input type="checkbox"/> Category V (\$100,000-\$199,999)	<input type="checkbox"/> Category VI (\$200,000 or more)

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

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

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Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule K: Liabilities**☐ Check if not applicable

(a liability that exceeds \$10,000)

☒ Filer ☐ Spouse

Name of Creditor:

SELECT Portfolio SERVICING LLC.Address: 1

City, State, Zip: _____

Name of Guarantor (if applicable):

Patrick Henry Barthel

Nature of Liability:

Affordable Housing / Condo

Amount of liability:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse

Name of Creditor:

CHASE Auto

Address: _____

City, State, Zip: _____

Name of Guarantor (if applicable):

Patrick Henry Barthel

Nature of Liability:

Affordable Housing / TRANSPORT - TRUCK

Amount of liability:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (if applicable): _____

Nature of Liability: _____

Amount of liability:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.
* You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

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

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

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: Contributions**☒ Check if not applicable (made within one year of employment- in excess of \$1,000)

Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate's Name: _____	
Amount of Contribution or Loan: \$ _____	

* You are required to complete SCHEDULE L if you are 1) directly employed by a *statewide elected official* to serve as an agency head AND you made a contribution or loan in excess of \$1,000 to the campaign of the official who employed you; and/or, 2) appointed to a state board or commission AND you made a contribution or loan in excess of \$1,000 to a campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of employment or appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.