

(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 SCHEDULED.

Office/Position Sought: Commissioner of Insurance Incumbent: Yes No

Date of Election: October 14, 2023

Name of Filer (print full name): Timothy Temple

Address (residence): 7323 Bocage Blvd

City, State, Zip: Baton Rouge, LA, 70809

Name of Spouse (if applicable) (print full name) Amy M. Temple

Spouse's Occupation: Homemaker

Principal Business Address: 7323 Bocage Blvd

City, State, Zip: Baton Rouge, LA, 70809

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.

ELECTRONICALLY FILED

E-FILE # PD-1749

DATE FILED: 8/10/2023

Signature of Filer

LOUISIANA BOARD OF ETHICS

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Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description:

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description:

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description:

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description:

- You are required to 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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Upload: <https://eap.ethics.la.gov/FileUpload>**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> Tejas Consulting LLC </u> Address: <u> 7901 Wrenwood, Ste C </u> City, State, Zip: <u> Baton Rouge, LA, 70809 </u> Business Description: <u> Consulting </u> Nature of Association: <u> Member/Manager </u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u> 50 </u> % Name of Business: <u> Brown Pelican Properties LLC </u> Address: <u> 7901 Wrenwood, Ste C </u> City, State, Zip: <u> Baton Rouge, LA, 70809 </u> Business Description: <u> Rental Property </u> Nature of Association: <u> Member </u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u> 30 </u> % Name of Business: <u> Knox Minerals of Louisiana LLC </u> Address: <u> 1951 Cedardale Ave </u> City, State, Zip: <u> Baton Rouge, LA, 70809 </u> Business Description: <u> Rental Property/Royalties </u> Nature of Association: <u> Member </u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u> 33 </u> % Name of Business: <u> Aubrey T. Temple Jr. Family Trust </u> Address: <u> 7901 Wrenwood, Ste C </u> City, State, Zip: <u> Baton Rouge, LA, 70809 </u> Business Description: <u> Trust </u> Nature of Association: <u> Beneficiary </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 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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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>50</u> % Name of Business: <u>Timothy Jason Temple Trust</u> Address: <u>7323 Bocage Blvd</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Business Description: <u>Trust</u> Nature of Association: <u>Trustee and Beneficiary</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>0</u> % Name of Business: <u>Ryan Morris Temple Trust</u> Address: <u>7323 Bocage Blvd</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Business Description: <u>Trust</u> Nature of Association: <u>Trustee</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>0</u> % Name of Business: <u>Candace Temple Adams Trust</u> Address: <u>7323 Bocage Blvd</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Business Description: <u>Trust</u> Nature of Association: <u>Trustee</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: _____

* 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 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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SCHEDULE C: POSITIONS – NONPROFIT

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>The Committee of 100 for Economic Development Inc</u> Address: <u>450 Laurel Street, Ste 1830</u> City, State, Zip: <u>Baton Rouge, LA, 70801</u> Nature of Association: <u>Louisiana Business Round Table - Promote Long Term Economic Growth</u> Description of Organization: <u>501(c)(6)</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>Committee for a Secure Louisiana</u> Address: <u>450 Laurel Street, Ste 1900</u> City, State, Zip: <u>Baton Rouge, LA, 70801</u> Nature of Association: <u>Develop Public Policy that Improves the Fiscal & Admin Operation of State Gov't</u> Description of Organization: <u>501(c)(3)</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
<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.**

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Schedule D: Other Offices/Positions Held

(Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement)

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: _____

* 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.

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Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule E: Immovable Property****(where the value of the interest in the parcel exceeds \$2,000)** Check if not applicable

Address or Location of Property: State: <u>Louisiana</u> Parish/County: <u>East Baton Rouge</u> Address: <u>7323 Bocage Blvd, Baton Rouge, LA 70809</u> Description of Property: <u>Primary Personal Residence</u>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
Value of the Interest in the Parcel by Category: <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 checked="" type="checkbox"/> Category VI (\$200,000 or more)	
Address or Location of Property: State: <u>Wyoming</u> Parish/County: <u>Niobrara</u> Address: <u>506 South Main St, Lusk, Wyoming 82225</u> Description of Property: <u>House</u>	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Value of the Interest in the Parcel by Category: <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 checked="" type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	
Address or Location of Property: State: _____ Parish/County: _____ Address: _____ Description of Property: _____	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Value of the Interest in the Parcel by Category: <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)	
Address or Location of Property: State: _____ Parish/County: _____ Address: _____ Description of Property: _____	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Value of the Interest in the Parcel by Category: <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 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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Schedule F: Filer/Spouse 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) mean 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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Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule G: Income** (income that exceeds \$1,000 from each source) Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Source of Income: <u>Knox Minerals of Louisiana LLC</u> Address: <u>1951 Cedardale Ave</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Nature of Services Rendered: <u>Partnership</u> Type of Income: <u>Partnership Distributions</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-\$49,999) <input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input checked="" type="checkbox"/> Category VI (\$200,000 or more)
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Source of Income: <u>Timothy Jason Temple Trust</u> Address: <u>7323 Bocage Blvd</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Nature of Services Rendered: <u>Beneficiary of Trust</u> Type of Income: <u>Trust Distribution</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-\$49,999) <input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input checked="" type="checkbox"/> Category VI (\$200,000 or more)
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Source of Income: <u>Brown Pelican Properties LLC</u> Address: <u>7901 Wrenwood, Ste C</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Nature of Services Rendered: <u>Rental Property</u> Type of Income: <u>Rental Income</u> 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-\$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)
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Source of Income: <u>Aubrey T. Temple Jr. Family Trust</u> Address: <u>7323 Bocage Blvd</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Nature of Services Rendered: <u>Beneficiary of Trust</u> Type of Income: <u>Trust Distribution</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-\$49,999) <input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input checked="" type="checkbox"/> 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.

Schedule H: Income from Certain Professional or Consulting Services

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.

Check if not applicable

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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Schedule H: Income From Certain Professional or Consulting Services (continued)

Check if not applicable

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

* 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 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)

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Schedule I: Investment Holdings (a holding that exceeds \$1,000 in value)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: Value by Category: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: Value by Category: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: Value by Category: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: Value by Category: <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 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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Mail: P.O. Box 4368, Baton Rouge, LA 70821

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule J: Transactions** (a transaction that exceeds \$1,000) Check if not applicable 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-\$49,999) Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more) 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-\$49,999) Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more) 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-\$49,999) Category IV (\$50,000-\$99,999) Category V (\$100,000-\$199,999) Category VI (\$200,000 or more) 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-\$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 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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Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule K: Liabilities** (a liability that exceeds \$10,000) Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: <u>Frist Horizon Bank</u> Address: <u>3700 Essen Lane</u> City, State, Zip: <u>Baton Rouge, LA, 70809</u> Name of Guarantor (if applicable): _____ Nature of Liability: <u>Mortgage - Louisiana Residence</u> Amount of liability: <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 checked="" type="checkbox"/> Category VI (\$200,000 or more)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (if applicable): _____ Nature of Liability: _____ Amount of liability: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (if applicable): _____ Nature of Liability: _____ Amount of liability: <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)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip: _____ Name of Guarantor (if applicable): _____ Nature of Liability: _____ Amount of liability: <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 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.

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Schedule L: Contributions (made within one year of employment - in excess of \$1,000)

Check if not applicable

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.**