

**LOUISIANA BOARD OF ETHICS**

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

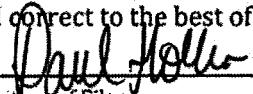
Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**(CANDIDATE) TIER 2 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 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.Office Sought: Board of Elementary and Secondary Education, District 1Incumbent: ☐ Yes ☒ NoDate of Election: 10/14/2023NAME OF FILER (print full name): PAUL B. HOLLISMailing Address: 108 GRANDE MAISON BLVDCity, State, Zip: MANDEVILLE, LA 70471NAME OF SPOUSE(if applicable)(print full name): ASHLEY T. HOLLISSpouse's Occupation: REGISTERED NURSESpouse's Principal Business Address: NONECity, State, Zip: NONE**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

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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: \_\_\_\_\_

☐ 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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Amount of Interest: 100 %

Name of Business: PAUL HOLLIS RARE COINS, LLC

Address: 108 GRANDE MAISON BLVD

City, State, Zip: MANDEVILLE, LA 70471

Business Description: NUMISMATIST - PROFESSIONAL SERVICES

Nature of Association: OWNER - SELF EMPLOYED

☒ Filer ☐ Spouse ☐ Both

Amount of Interest: 25 %

Name of Business: HOLLIS COMPANIES, LLC

Address: 2800 VETERANS MEMORIAL BLVD SUITE 365

City, State, Zip: METAIRIE, LA 70002

Business Description: EMPLOYEE BENEFITS

Nature of Association: SHAREHOLDER

☐ 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, 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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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:	STATE REPRESENTATIVE 104TH REPRESENTATIVE DISTRICT
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.

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## Location of Property:

State: LOUISIANAParish/County: ST. TAMMANYDescription of Property: PERSONAL RESIDENCE

## Value of the Interest in the Parcel:

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

## Location of Property:

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

## Value of the Interest in the Parcel:

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

## Location of Property:

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

## Value of the Interest in the Parcel:

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

## Location of Property:

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

## Value of the Interest in the Parcel:

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

\* 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.)

## Location of Property:

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Revised December 2021

Form 416B

[www.ethics.la.gov](http://www.ethics.la.gov)

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Name of Business (if applicable): LOUISIANA HOUSE OF REPRESENTATIVES

Name of Income Source: STATE REPRESENTATIVE

Address: P.O. BOX 94062

City, State, Zip: BATON ROUGE, LA 70804

Amount of Income (exact dollar amount): \$ 32,195.20

☐ 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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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.



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Name of Business: PAUL HOLLIS RARE COINS, LLC

Address: 108 GRANDE MAISON BLVD

City, State, Zip: MANDEVILLE, LA 70471

Nature of services rendered or reason income was received: NUMISMATIST - PROFESSIONAL SERVICES

☒ Filer ☐ Spouse

Name of Business: HOLLIS COMPANIES, LLC

Address: 2800 VETERANS MEMORIAL BLVD SUITE 365

City, State, Zip: METAIRIE, LA 70002

Nature of services rendered or reason income was received: S CORP INCOME REPORTED ON SCH K-1

☐ Filer ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

\* You are required to complete SCHEDULE H if you or your spouse received income from a business.

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

\* Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.

\* Income received through *self-employment* is reported on SCHEDULE H.

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

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Description of Income:

RETIREMENT DISTRIBUTION FROM DEFERRED COMPENSATION RETIREMENT ACCOUNT

Nature of services rendered or reason income was received:

RETIREMENT DISTRIBUTION FROM DEFERRED COMPENSATION RETIREMENT ACCOUNT

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:

MASSACHUSETTS MUTUAL LIFE INSURANCE CO - OTHER INCOME

Nature of services rendered or reason income was received:

SHARE OF DECEASED FATHER'S OTHER INCOME

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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(an investment holding that exceeds \$5,000)

☒ Filer ☐ Spouse ☐ Both

Name of Security:

HOLLIS COMPANIES, LLC

Description of Security:

STOCK IN PRIVATELY HELD S-CORPORATION

☐ 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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(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE 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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(a liability that exceeds \$10,000)

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE 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.