

# **(ANNUAL) TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT**

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.

Print Form

ORIGINAL REPORT

**This Report Covers Calendar Year:** 2023

AMENDED REPORT

FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY , 20])

A final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: Police Juror, Bossier Parish, District 5

NAME OF FILER (print full name): Julianna Petchak Parks

Mailing Address : 4444 Viking Drive, Suite 100

City, State, Zip: Bossier City, LA 71111

NAME OF SPOUSE(if applicable)(print full name): Santi Anthony Parks  
saSanti

Spouse's Occupation: judge and attorney

Spouse's Principal Business Address: 2601 Shed Road

City, State, Zip: Bossier City, LA 71111

### CHECK ALL THAT APPLY

- I have filed my state income tax return for the year listed above.
- I have filed for an extension of my state income tax return for the year listed above.
- I have filed my federal income tax return for the year listed above.
- I have filed for an extension of my federal income tax return for the year listed above.

### 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.

Julianna P. Parks  
Signature of Filer

## Schedule A: Employment Information

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>Julianna P. Parks, Attorney at Law, LLC</u> Job Title: <u>attorney/member</u> Job Description: <u>attorney</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time Name of Employer: <u>Bossier Parish Police Jury</u> Job Title: <u>Police Juror</u> Job Description: <u>Police Juror, District 5</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: <u>Bossier City Court</u> Job Title: <u>City Judge</u> Job Description: <u>City Judge</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time Name of Employer: <u>The Parks Firm, LLC</u> Job Title: <u>member/attorney</u> Job Description: <u>attorney</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> 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.

## Schedule B: Positions - Business

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>Julianna P. Parks, Attorney at Law, LLC</u> Address: <u>18 Stonehaven Dr.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Business Description: <u>law firm</u> Nature of Association: <u>owner and employee of law firm/attorney</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>50</u> % Name of Business: <u>Langley &amp; Parks, LLC</u> Address: <u>4444 Viking Drive, Suite 100</u> City, State, Zip: <u>Bossier City, LA 71111</u> Business Description: <u>law firm</u> Nature of Association: <u>Julianna P. Parks, Attorney at Law, LLC owns interest</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>The Parks Firm, LLC</u> Address: <u>2601 Shed Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Business Description: <u>law firm</u> Nature of Association: <u>owner/employee attorney</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.

## Schedule B: Positions - Business

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>Parks Law Properties, LLC</u> Address: <u>2601 Shed Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Business Description: <u>rronertv</u> Nature of Association: <u>sole member</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>33 1/3</u> % Name of Business: <u>Esquire Investment Properties, LLC</u> Address: <u>707 Benton Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Business Description: <u>rronertv ownership and leasing</u> Nature of Association: <u>Member</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>911 Rentals, LLC</u> Address: <u>2601 Shed Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Business Description: _____ Nature of Association: <u>member</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.

### Schedule C: Positions - Nonprofit

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Commission for Women of Bossier City</u>
Address: <u>P.O. Box 5954</u>
City, State, Zip: <u>Bossier City, LA 71111</u>
Nature of Association: <u>Commissioner</u>
Description of Organization: <u>To promote interests of women and children in the community</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>The Gingerbread House Children's Advocacy Center</u>
Address: <u>1700 Buckner Square, Suite 101</u>
City, State, Zip: <u>Shreveport, LA 71101</u>
Nature of Association: <u>Board member</u>
Description of Organization: <u>Children's Advocacy Center</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Onward Christian Education Services, Inc.</u>
Address: <u>4701 Palmetto Rd.</u>
City, State, Zip: <u>Benton, LA 71006</u>
Nature of Association: <u>Secretary</u>
Description of Organization: <u>Promotes Christian education</u>

\*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**

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

Name of Office/Position: _____ Women's Commission of Bossier City, Commissioner
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. 42:1124.2.1 or 42:1124.3.

## Schedule E: Immovable Property

Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)  
 If you need additional pages, use Adobe or sign up for PFD E-Filing.

Filer     Spouse     Both

Location of Property:  
 State: Louisiana                      Parish/County: Bossier

Description of Property: home

Value of the Interest in the Parcel:  
 Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

Filer     Spouse     Both

Location of Property:  
 State: \_\_\_\_\_                      Parish/County: \_\_\_\_\_

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

Value of the Interest in the Parcel:  
 Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

Filer     Spouse     Both

Location of Property:  
 State: \_\_\_\_\_                      Parish/County: \_\_\_\_\_

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

Value of the Interest in the Parcel:  
 Category I (less than \$5,000)     Category II (\$5,000-\$24,999)  
 Category III (\$25,000-\$100,000)     Category IV (more than \$100,000)

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

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Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule F: Income from the State, Political** Check if not applicable **Subdivisions, and/or Gaming Interests**

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: <u>Bossier Parish Police Jury</u>		
Address: <u>204 Burt Blvd</u>		
City, State, Zip: <u>Benton, LA 71006</u>		
Amount of Income (exact dollar amount): \$ <u>19,199.96</u>		
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: <u>City of Bossier City</u>		
Address: <u>620 Benton Rd.</u>		
City, State, Zip: <u>Bossier City, LA 71111</u>		
Amount of Income (exact dollar amount): \$ <u>33,708.00</u>		
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: <u>Judicial Branch of Louisiana</u>		
Address: <u>400 Royal St., Ste 1190</u>		
City, State, Zip: <u>New Orleans, LA 70130</u>		
Amount of Income (exact dollar amount): \$ <u>55,411.19</u>		

- \* 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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**Schedule F: Income from the State, Political**

Check if not applicable **Subdivisions, and/or Gaming Interests**

If you need additional pages, use Adobe or sign up for PFD E-Filing.

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: Bossier City Court  
Address:    620 Benton Rd.  
City, State, Zip: Bossier City, LA 71111  
Amount of Income (exact dollar amount): \$ 80,319.45

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.

## Schedule G: Income Received from Employment

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>Julianna P. Parks, Attorney at Law, LLC</u>	
Address: <u>18 Stonehaven Dr.</u>	
City, State, Zip: <u>Bossier City, LA 71111</u>	
Nature of services (pursuant to such employment): <u>attorney</u>	
Amount of Income: <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 checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>The Parks Firm, LLC</u>	
Address: <u>2601 Shed Rd.</u>	
City, State, Zip: <u>Bossier City, LA 71111</u>	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input 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"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

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

## Schedule H: Income Received From Business

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-Filing.

### AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:

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

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: <u>Julianna P. Parks, Attorney at Law, LLC</u> Address: <u>18 Stonehaven Dr.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Nature of services rendered or reason income was received: <u>member distribution</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse Name of Business: <u>The Parks Firm, LLC</u> Address: <u>2601 Shed Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Nature of services rendered or reason income was received: <u>member distribution</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse Name of Business: <u>Parks Law Properties, LLC</u> Address: <u>2601 Shed Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Nature of services rendered or reason income was received: <u>member distribution</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: <u>Esquire Investment Properties, LLC</u> Address: <u>707 Benton Rd.</u> City, State, Zip: <u>Bossier City, LA 71111</u> Nature of services rendered or reason income was received: <u>member distribution</u>

- \* 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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## Schedule I: Other Income

Check if not applicable

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

If you need additional pages, use Adobe or sign up for PFD E-Filing.

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

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

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**Schedule J: Investment Holdings**

Check if not applicable

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

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:  Description of Security:
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security:  Description of Security:
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> 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**

Check if not applicable

(a transaction that exceeds \$5,000)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

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.

## Schedule L: Liabilities

Check if not applicable

(a liability that exceeds \$10,000)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

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

\*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.  
 \*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.  
 \*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.  
 \*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.  
 \*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).  
 \*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.  
 \*"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

## Schedule M: Positions - Business

(to be completed by members of the Ethics Adjudicatory Board and  
 Ethics Board, and the administrator of the Ethics Administration)

Check if not applicable

If you need additional pages, use Adobe or sign up for PFD E-File

Filer     Spouse     Both

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Description: \_\_\_\_\_  
 Nature of Association: \_\_\_\_\_  
 Amount of Interest: \_\_\_\_\_ %

Filer     Spouse     Both

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Description: \_\_\_\_\_  
 Nature of Association: \_\_\_\_\_  
 Amount of Interest: \_\_\_\_\_ %

Filer     Spouse     Both

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Description: \_\_\_\_\_  
 Nature of Association: \_\_\_\_\_  
 Amount of Interest: \_\_\_\_\_ %

You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.  
 You are required to disclose information related to ownership interest in a business *regardless of the percentage of ownership.* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.  
 Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

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## Schedule N: Income from the State and/or Political Subdivisions

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

- \* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- \* You are required to disclose all income received by a business in which you or your spouse received *regardless of the percentage of ownership in the business.*
- \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

**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 O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and

Check if not applicable

Ethics Board, and the administrator of the Ethics Administration)

If you need additional pages, use Adobe or sign up for PFD E-Filing.

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer       Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).

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