

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: 2023**Print Form**☒ 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: School Board, District 4Date of Election: November 5, 2024Incumbent: ☐ Yes ☒ No

NAME OF FILER (print full name):

Katrina Chantelle GriffinMailing Address: 5900 Carlisle Ct.City, State, Zip: New Orleans, LA 70131

NAME OF SPOUSE(if applicable)(print full name): _____

Spouse's Occupation: _____

Spouse's Principal Business Address: _____

City, State, Zip: _____

CHECK ALL THAT APPLY☒ I have filed my state income tax return for the 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.**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 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.

Signature of Filer

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 A: Employment Information**☐ Check if not applicable

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

☒ Filer ☐ Spouse	☐ Full-Time ☐ Part-Time
Name of Employer: <u>Friends of WWOZ, Inc.</u>	
Job Title: <u>Membership Manager</u>	
Job Description: <u>Responsible for organization's donors</u>	
☐ 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.

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 B: Positions - Business**☒ Check if not applicable

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

☐ 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: _____

☐ 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.

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 C: Positions - Nonprofit**☐ Check if not applicable

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

☒ Filer ☐ Spouse

Name of Organization:

Friends of WNOZ, Inc

Address:

P.O. Box 5840

City, State, Zip:

New Orleans, LA 70157

Nature of Association:

Employee

Description of Organization:

Radio station

☐ 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.

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 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:	National Association of University Women Branch President/National Financial Secretary-Elect
Name of Office/Position:	Louisiana Federation of Business and Professional Inc. Vice-Pie Club Vice-President-Elect
Name of Office/Position:	National Black MBA Association Chapter President
Name of Office/Position:	Re-Entry Mediation Institute of Louisiana, Board Member
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	

* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: <https://eap.ethics.la.gov/FileUpload>

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: 5900 Cavelisk Ct

State: Louisiana

Parish/County: Orleans

Description of Property: Land and 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.)

Revised October 2023

Form 416B

www.ethics.la.gov

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 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: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Business(if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Business(if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

- * You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.
- * "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * The definitions for (and examples of) *political subdivision*, *gaming interest*, and *business* are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICS

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule G: Income Received from Employment**☐ Check if not applicable

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

☒ Filer ☐ Spouse ☐ Full-time ☐ Part-timeName of Employer: Friends of WNOZ, Inc.Address: P.O. Box 51840City, State, Zip: New Orleans, LA 70151Nature of services (pursuant to such employment): donor membership managementAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of services (pursuant to such employment): _____

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

* You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.

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

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

* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

LOUISIANA BOARD OF ETHICS

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**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)☐ 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: _____

☐ 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.

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 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.

☐ Filer	☐ Spouse		
Description of Income:			
Nature of services rendered or reason income was received:			
Amount of Income:		☐ Category I (less than \$5,000)	☐ Category II (\$5,000-\$24,999)
		☐ Category III (\$25,000-\$100,000)	☐ Category IV (more than \$100,000)

☐ Filer	☐ Spouse		
Description of Income:			
Nature of services rendered or reason income was received:			
Amount of Income:		☐ Category I (less than \$5,000)	☐ Category II (\$5,000-\$24,999)
		☐ Category III (\$25,000-\$100,000)	☐ Category IV (more than \$100,000)

☐ 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.

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 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.

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

* You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

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

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

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 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.

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: 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.

☐ 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.