LOUISIANA BOARD OF ETHICS
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(ANNUAL) TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

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

This Report Covers Calendar Year: 2024

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY ☐, 20☐)
A final report 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: Interim Director - GOHSEP

Name of Filer (print full name): Jason Paul Mahfouz

Address (residence): 1333 Lake Martin Rd.

City, State, Zip: Breaux Bridge, LA 70517

Name of Spouse(if applicable) (print full name): Alisha Spillers Mahfouz

Spouse's Occupation: Nurse

Principal Business Address: 4200 Houma Blvd.

City, State, Zip: Metairie, LA 70006

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.

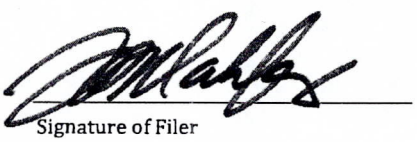
☑ I have filed my federal income tax return for the year listed above.

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

NOTE: La. R.S. 42:1124.1 DOES NOT provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

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



Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

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

Name of Employer: State of Louisiana

Job Title: Interim Director - Governor's Office of Homeland Security and Emergency Preparedness

Job Description: Interim Director

☐ Filer ☒ Spouse ☐ Full-Time ☒ Part-Time (PRN)

Name of Employer: East Jefferson General Hospital

Job Title: Post-Anesthesia Care Unit (PACU) nurse

Job Description: a specialized healthcare professional who provides care and monitoring to patients recovering from anesthesia after surgery or other medical procedures

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

Name of Employer: Louisiana Air National Guard

Job Title: Nurse

Job Description: 159TH Fighter Wing Medical Group Clinical Nurse

☐ 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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Schedule B: Positions - Business

☒ Check if not applicable

☐ 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, 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

☐ 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: _____

☐ 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.**

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Schedule D: Other Offices/Positions Held

☒ Check if not applicable **(Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement)**

Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

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

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Schedule E: Immovable Property

☐ Check if not applicable **(where the value of the interest in the parcel exceeds $5,000)**

Address or Location of Property: ☒ Filer ☒ Spouse ☐ Both

State: LA Parish/County: Saint Martin

Address: 1333 Lake Martin Road Breaux Bridge, LA 70517

Description of Property: Primary Residence

Value of the Interest in the Parcel by Category:

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

Address or Location of Property: ☐ Filer ☐ Spouse ☐ Both

State: _____ Parish/County: _____

Address: _____

Description of Property:

Value of the Interest in the Parcel by Category:

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

Address or Location of Property: ☐ Filer ☐ Spouse ☐ Both

State: _____ Parish/County: _____

Address: _____

Description of Property:

Value of the Interest in the Parcel by Category:

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

*** You are required to disclose the address, if any, and if no address, the location by state, and parish/county.**
*** Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.**

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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): N/A

Name of Income Source: Louisiana Air National Guard

Address: 6400 St. Claude Ave.

City, State, Zip: New Orleans, LA70117

Amount of Income (exact dollar amount): $ 30,000.00

☐ 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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Schedule G: Income

☐ Check if not applicable

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

☒ Filer ☐ Spouse

Name of Source of Income: Defense Finance and Administrative Services

Address: 8899 East 56th Street

City, State, Zip: Indianapolis, IN 46249-1200

Nature of Services Rendered: Military Retirement

Type of Income: Pension

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

☐ Filer ☐ Spouse

Name of Source of Income:

Address:

City, State, Zip:

Nature of Services Rendered:

Type of Income:

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

☐ Filer ☐ Spouse

Name of Source of Income:

Address:

City, State, Zip:

Nature of Services Rendered:

Type of Income:

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

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

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

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

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

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

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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.

	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
UTILITIES	Electric		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Gas		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Telephone		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Water		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Cable Television Companies		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both

	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
TRANSPORTATION	Intrastate Companies		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Pipeline Companies		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Oil & Gas Exploration		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Oil & Gas Production		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Oil & Gas Retailers		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both

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

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Schedule H: Income from Certain Professional or Consulting Services

☒ Check if not applicable **(CONTINUED)**

	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
RETAIL COMPANIES	Beer Companies		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Wine Companies		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Liquor Companies		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Beverage Distributors		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both

	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
ASSOCIATIONS	Trade		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
	Professional		☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both

	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
OTHER			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ Both
			☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI	☐ Filer ☐ Spouse ☐ 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 $5,000 in value)

☐ Check if not applicable

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Thrift Savings Plan (TSP)

Description of Security:

Retirement Savings Account

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

☐ Filer ☐ Spouse ☒ Both

Name of Security:

United Services Automobile Association (USAA)

Description of Security:

Retirement Savings Account

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

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

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

*** You are required to complete SCHEDULE I if you or your spouse holds investment securities that have a value that exceeds $5,000 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, exchange-traded 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 J: Transactions

☒ Check if not applicable **(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-$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 $5,000 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, variable universal life insurance, mutual funds, or exchange-traded funds.**

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Schedule K: Liabilities

☐ Check if not applicable

(a liability that exceeds $10,000)

☒ Filer ☐ Spouse

Name of Creditor: Freedom Mortgage Corporation

Address: P.O. Box 7230

City, State, Zip: Pasadena, CA 91109-7230

Name of Guarantor (if applicable):

Nature of Liability: Residential Mortgage

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

☐ Filer ☐ Spouse

Name of Creditor:

Address:

City, State, Zip:

Name of Guarantor (if applicable):

Nature of Liability:

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

☐ Filer ☐ Spouse

Name of Creditor:

Address:

City, State, Zip:

Name of Guarantor (if applicable):

Nature of Liability:

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

*** You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes a liability that exceeds $10,000 each.**
*** You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.**
*** You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.**
*** You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.**

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Schedule L: Contributions

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

Date of Employment: _____ Salary: $ _____

Candidate's Name: _____

Amount of Contribution or Loan: $ _____

Date of Employment: _____ Salary: $ _____

Candidate's Name: _____

Amount of Contribution or Loan: $ _____

Date of Employment: _____ Salary: $ _____

Candidate's Name: _____

Amount of Contribution or Loan: $ _____

Date of Employment: _____ Salary: $ _____

Candidate's Name: _____

Amount of Contribution or Loan: $ _____

Date of Employment: _____ Salary: $ _____

Candidate's Name: _____

Amount of Contribution or Loan: $ _____

*** You are required to complete SCHEDULE L if you are 1) directly employed by a *statewide elected official* to serve as an agency head AND you made a contribution or loan in excess of $1,000 to the campaign of the official who employed you; and/or, 2) appointed to a state board or commission AND you made a contribution or loan in excess of $1,000 to a campaign of the official who appointed you.**
*** You are only required to disclose contributions or loans made within one year of employment or appointment.**
*** "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.**
*** "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.**
***"Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.**

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