7/31/2025 3:57:06 PM

From:
Earl "Jay" Schmitt, Jr
Ph/Fax 504 367 6151

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

(CANDIDATE) TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

This Report Covers Calendar Year: 2024

☒ 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: Assessor of New Orleans
Date of Election: October 11 2025
Incumbent: ☐ Yes ☒ No

NAME OF FILER (print full name): Earl "Jay" Schmitt, Jr
Mailing Address: 147 Pelican Ave
City, State, Zip: New Orleans, LA 70114

NAME OF SPOUSE(if applicable)(print full name): Joyce N. Schmitt
Spouse's Occupation: Retired
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.

✓ Earl "Jay" Schmitt
Signature of Filer

Jul 31 25, 03:01p Earl Schmitt,Attorney 5043676151 p.1

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Schedule A: Employment Information

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time
Name of Employer: Self
Job Title: Attorney at law
Job Description: solo practitioner

☐ Filer ☒ Spouse ☐ Full-Time ☐ Part-Time
Name of Employer: Unemployed
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.

7/31/2025 3:57:06 PM

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Schedule B: Positions - Business

☐ Check if not applicable

☐Filer ☒Spouse ☐Both
Amount of Interest: 100 %
Name of Business: Delta Dreams, Inc.
Address: 147 Pelican Ave
City, State, Zip: NO LA 70114
Business Description: Rental management
Nature of Association: president

☐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.

7/31/2025 3:57:07 PM

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Schedule C: Positions - Nonprofit

☐ Check if not applicable

☐ Filer ☒ Spouse
Name of Organization: New Orleans Algiers Lions Club
Address: c/o 147 Pelican Ave.
City, State, Zip: NO LA 70114
Nature of Association: Secretary
Description of Organization: Service Club

☒ Filer ☐ Spouse
Name of Organization: New Orleans Algiers Lions Club
Address: c/o 147 Pelican Ave
City, State, Zip: NO LA 70114
Nature of Association: Membership Chairman
Description of Organization: Service Club

☐ 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.

7/31/2025 3:57:07 PM

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Schedule D: Other Offices/Positions Held

☑ Check if not applicable Non-Profit services only

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.**

7/31/2025 3:57:08 PM

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Schedule E: Immovable Property

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

☐ Filer ☒ Spouse ☐ Both

Location of Property: 145-147 Pelican Ave NOLA 70114

State: Louisiana Parish/County: Orleans

Description of Property: Duplex

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: LA Parish/County: Avoyelles

Description of Property: Old House in country

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.)

7/31/2025 3:57:08 PM

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Schedule F: Filer/Spouse Income from the State, Political Subdivisions, and/or Gaming Interests

☒ Check if not applicable

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

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

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

* **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.**

7/31/2025 3:57:08 PM

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Schedule G: Income Received from Employment

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: Self

Address: 147 Pelican Ave

City, State, Zip: NO LA 70114

Nature of services (pursuant to such employment): legal services

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: Not applicable

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.

7/31/2025 3:57:09 PM

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Schedule H: Income Received From Business

☐ Check if not applicable

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: Attorney at Law
Address: 147 Pelican Ave.
City, State, Zip: NO LA 70114
Nature of services rendered or reason income was received: Legal

☐ Filer ☒ Spouse
Name of Business: Delta Dreams, Inc.
Address: 147 Pelican Ave
City, State, Zip: NO LA 70114
Nature of services rendered or reason income was received: rental management

☐ 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.

EJS

7/31/2025 3:57:09 PM

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Schedule I: Other Income

☐ Check if not applicable **(any other income that exceeds $1,000)**

☑ Filer ☐ Spouse
Description of Income: Social security?
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: Social security?
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.

7/31/2025 3:57:09 PM

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Schedule J: Investment Holdings

☐ Check if not applicable

(an investment holding that exceeds $5,000)

☑ Filer ☐ Spouse ☐ Both
Name of Security:
I have an Edward Jones Account
Description of Security:
Total all stock and investments under $25000.?

☐ 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, 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.

7/31/2025 3:57:10 PM

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Schedule K: 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-$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, exchange-traded funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

7/31/2025 3:57:10 PM