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

(ANNUAL) TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

THIS REPORT COVERS CALENDAR YEAR: 2023

☒ ORIGINAL REPORT
☐ AMENDED REPORT

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

Name of Filer (print full name) Gregory W. Carroll
Mailing Address: 1915 Short St
City, State, Zip: Kenner, LA, 70062

Name of Board/Commission (no abbreviations): New Orleans Aviation Board
Date of Appointment: September 7, 2023
Date Appointment Expires: June 30, 0024

Name of Spouse (if applicable) (print full name): Eliza B. Carroll
Spouse's Occupation: Capital One Bank
Principal Business Address: 1000 West Esplanade Ave.
City, State Zip: Kenner, LA, 70065

CHECK ONE:

☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.

☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

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. 42:1124.2.1 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 and belief.

ELECTRONICALLY FILED
E-FILE # PD-3644
DATE FILED: 4/8/2026

Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

☒Filer ☐Spouse ☒Full-Time ☐ Part-Time

Name of Employer: Orleans Parish Sheriff's Office

Job Title: Director of Inmate Programs

Job Description:
Provide support to inmates

☐Filer ☒Spouse ☒Full-Time ☐ Part-Time

Name of Employer: Capital One Bank

Job Title: Bank Clerk

Job Description:
Provides customer support.

☐Filer ☐Spouse ☐Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description:

☐Filer ☐Spouse ☐Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description:

- **You are required to disclose employment information related to both you and your spouse (if applicable).**
- **List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.**
- **Self-employment information is reported on Schedule B.**

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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: _____

☐Filer ☐Spouse ☐Both

Amount of Interest: _____%

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

*** You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.**

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

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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:

☐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

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

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

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Schedule E: 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: Orleans Parish Sheriff's Office
Address: 2800 Perdido Street
City, State, Zip: New Orleans, LA, 70119
Amount of Income (exact dollar amount): $ 65,000.00

☐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): $_____

☐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 E 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: Contributions **(made within one year of appointment - in excess of $2,000)**

☒ Check if not applicable

Date of Appointment: _____ Compensation: $_____ Candidate Name: _____ Amount of Contribution or Loan: $_____
Date of Appointment: _____ Compensation: $_____ Candidate Name: _____ Amount of Contribution or Loan: $_____
Date of Appointment: _____ Compensation: $_____ Candidate Name: _____ Amount of Contribution or Loan: $_____
Date of Appointment: _____ Compensation: $_____ Candidate Name: _____ Amount of Contribution or Loan: $_____
Date of Appointment: _____ Compensation: $_____ Candidate Name: _____ Amount of Contribution or Loan: $_____

*** You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of $2,000 to the campaign of the official who appointed you.**

*** You are only required to disclose contributions or loans made within one year of 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.**