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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: 2025

☒ ORIGINAL REPORT
☐ AMENDED REPORT
☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY 31, 2025)
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: Director, GOHSEP

NAME OF FILER (print full name): Jason Paul Mahfouz

Mailing Address: 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: 8585 Picardy Avenue

City, State, Zip: Baton Rouge, LA, 70809

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.

ELECTRONICALLY FILED
E-FILE # PD-4406
DATE FILED: 5/13/2026

Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

☒Filer ☐Spouse ☐Full-Time ☒ Part-Time

Name of Employer: Louisiana Army National Guard

Job Title: Assistant Adjutant General - Army

Job Description:
Assistant to The Adjutant General (TAG) for all matters involving the senior executive leadership of Ground Forces (Land Component Commander).

☐Filer ☒Spouse ☐Full-Time ☒ Part-Time

Name of Employer: Louisiana Air National Guard

Job Title: Nurse

Job Description:
Clinical Nurse assigned to the 159TH Fighter Wing, Medical Group (159 FW - MDG)

☐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 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: _____

☐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 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:

☐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

(Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement)

☐ Check if not applicable

Name of Office/Position: Louisiana Army National Guard
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

(where the value of the interest in the parcel exceeds $5,000)

☐ Check if not applicable

Address or Location of Property: ☐Filer ☐Spouse ☒ Both
State: Louisiana Parish/County: East Baton Rouge
Address: 2060 Tulip Street Baton Rouge, LA 70806
Description of Property: Residential Home at 2060 Tulip Street Baton Rouge, LA 70806

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: Louisiana Parish/County: LA
Address: 1333 Lake Martin Rd
Description of Property: Camp located in Breaux Bridge

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: Louisiana Parish/County: East Baton Rouge
Address: 17413 Benjamins Walk Baton Rouge, LA 70817
Description of Property: Co-Barrower on a Residential Home Primarily Occupied by youngest son Mason Mahfouz

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): Governors Office of Homeland Security and Emergency Preparedness (GOHS)
Name of Income Source: State of Louisiana Division of Administration
Address: P.O. Box 94095
City, State, Zip: Baton Rouge, LA, 70804
Amount of Income (exact dollar amount): $ 215,000.00

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

☐ Check if not applicable

☐Filer ☒Spouse
Name of Source of Income: Baton Rouge General Hospital
Address: 8585 Picardy Avenue
City, State, Zip: Baton Rouge, LA, 70809
Nature of Services Rendered: Nursing
Type of Income: Salary
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) ☐Category V ($100,000-$199,999) ☐Category VI ($200,000 or more)

☐Filer ☒Spouse
Name of Source of Income: Louisiana Air National Guard
Address: 400 Russell Ave / Bldg 24, Room 159
City, State, Zip: Belle Chase, LA, 70143
Nature of Services Rendered: Nursing
Type of Income: Salary from Defense Finance Accounting Services (DFAS)
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) ☐Category V ($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) ☐Category V ($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) ☐Category V ($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.

☒ Check if not applicable

	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 (continued)

☒ Check if not applicable

	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: The Office of Servicemembers' Group Life Insurance

Description of Security: Death Benefits

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: The Office of Servicemembers' Group Life Insurance

Description of Security: Death Benefits

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: Thrift Savings Plan (TSP)

Description of Security: life annuity

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: USAA Life Insurance Company

Description of Security: annuity policy

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 (a transaction that exceeds $5,000)

☒ Check if not applicable

☐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)

☐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 (a liability that exceeds $10,000)

☐ Check if not applicable

☒ Filer ☐ Spouse
Name of Creditor: USAA
Address: 9800 Fredericksburg Rd.
City, State, Zip: San Antonio, TX, 78288
Name of Guarantor (if applicable): Jason Paul Mahfouz
Nature of Liability: Automobile Loan
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)

☐ 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.**

LOUISIANA BOARD OF ETHICS
Electronically Filed (PFD E-Filed) Only
https://eap.ethics.la.gov/PFDOnline

Schedule L: Contributions (made within one year of employment - in excess of $1,000)

☒ Check if not applicable

Date of Employment: _____ Salary: $_____ Candidate's Name: _____ Amount of Contribution or Loan: $_____
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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.**