

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2014

- 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: HOUSE OF REPRESENTATIVES, DISTRICT B Incumbent: Yes No

Date of Election: FEB. 21, 2015 - QUALIFIED FOR RE-ELECTION WITHOUT OPPOSITION ON SEPT. 10, 2015

Name of Filer (print full name): JAMES MICHAEL JOHNSON

Mailing Address: 5029 WILLOW CHASE DRIVE

City, State, Zip: BENTON, LA. 71006

Name of Spouse (if applicable) (print full name): KELLY LAMY JOHNSON

Spouse's Occupation: SCHOOL TEACHER

Spouse's Principal Business Address: 4525 OLD BROWNLEE ROAD

City, State Zip: BOSSIER CITY, LA. 71111

Check all that apply:

- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.

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 previous year.

Certificate of Accuracy

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

James Michael Johnson
Signature of Filer

Sworn to and subscribed before me on this 15th day of SEPTEMBER, 2015.

JASON POE
Notary Public (print name)

Jason Poe
Notary Public (signature)

ID# _____
Date Commission Expires Jason W. Poe, Esq ID No. 2
Notary Public

2015 JAN 14 PM 4:37

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Certificate of Accuracy

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

JAMES MICHAEL JOHNSON
Signature of Filer

Sworn to and subscribed before me on this 13th day of JANUARY, 2015.

JASON W. POE
Notary Public (print name)

Jason Poe
Notary Public (signature)

ID# _____

Date Commission Expires _____

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Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: KITCHENS LAW FIRM, APLC

Job Title: PARTNER

Job Description: GENERAL CIVIL PRACTICE OF LAW.

Filer Spouse Full-Time Part-Time (NON-COMPENSATED, PRO-BONO SERVICE)

Name of Employer: FREEDOM GUARD, INC.

Job Title: CHIEF COUNSEL

Job Description: LEGAL SERVICES FOR PUBLIC INTEREST, NOT-FOR-PROFIT LAW FIRM.

Filer Spouse Full-Time Part-Time

Name of Employer: PROVIDENCE CLASSICAL ACADEMY

Job Title: TEACHER

Job Description: INSTRUCTOR FOR MIDDLE & HIGH SCHOOL HUMANITIES COURSES.

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 (amount exceeds 10%): 100 %

Name of Business: LAW OFFICES OF MIKE JOHNSON, LLC

Address: 2250 HOSPITAL DRIVE, STE. 248

City, State, Zip: BENTON, LA, 71111

Business Description: LAW FIRM – CURRENTLY INACTIVE, BUT STILL OWNED

Nature of Association: SOLE MEMBER

Filer Spouse Both

Amount of Interest (amount exceeds 10%): 20 %

Name of Business: KITCHENS LAW FIRM, PLLC

Address: 420 BROADWAY

City, State, Zip: MINNEN, LA, 71058

Business Description: LAW FIRM

Nature of Association: PARTNER WITH 20% EQUITY SHARE

Filer Spouse Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Filer Spouse Both

Amount of Interest (amount exceeds 10%): _____ %

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: PROVIDENCE CLASSICAL ACADEMY

Address: 4525 OLD BROWNING ROAD

City, State, Zip: BOSSIER CITY, LA. 71111

Nature of Association: K-12 PRIVATE CHRISTIAN SCHOOLS

Description of Organization: BOARD PRESIDENT

Filer Spouse

Name of Organization: LOUISIANA FAMILY FORUM

Address: 655 ST. FARDINAND STREET

City, State, Zip: BATON ROUGE, LA. 70802

Nature of Association: BOARD MEMBER

Description of Organization: ADVOCATING PRO-FAMILY POLICIES

Filer Spouse

Name of Organization: LIVING WORDS PUBLICATIONS

Address: 9818 ARKANSAS STREET

City, State, Zip: BELLEVUE, CA. 90706

Nature of Association: CHRISTIAN MINISTRY & PUBLISHING HOUSE

Description of Organization: BOARD MEMBER

Filer Spouse

Name of Organization: FREEDOM GUARD, INC.

Address: 2250 HOSPITAL DRIVE, STE. 248

City, State, Zip: BOSSIER CITY, LA. 71111

Nature of Association: CHIEF COUNSEL

Description of Organization: PUBLIC INTEREST LAW FIRM

*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: _____
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: Immovable Property

(where the value of the interest in the parcel exceeds \$2,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Location of Property: State: <u>LOUISIANA</u> Parish/County: <u>Bossier</u> Description of Property: <u>FAMILY RESIDENCE</u> Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> 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.)

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

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): <u>KITCHENS LAW FIRM, APLC</u> Name of Income Source: <u>LA. DEPT. OF HEALTH AND HOSPITALS (RISK MANAGEMENT SERVICES) / LA. ATTORNEY GENERAL</u> Address: <u>628 N. HEBBERT, 8TH FLOOR, BATON ROUGE, LA. 70802</u> City, State, Zip: _____ Amount of Income (exact dollar amount): \$ <u>12320.00</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> 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 Received from Employment

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: <u>KITCHENS LAW FIRM, PLLC</u> Address: <u>420 BROADWAY</u> City, State, Zip: <u>MINOR, LA. 71058</u> Nature of Services (pursuant to such employment): <u>ATTORNEY / PARTNER</u> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input checked="" type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time Name of Employer: <u>PROVIDENCE CLASSICAL ACADEMY</u> Address: <u>4525 OLD BROWNLEE ROAD</u> City, State, Zip: <u>BOSSIERE CITY, LA. 71111</u> Nature of Services (pursuant to such employment): <u>TEACHER</u> Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: _____ Address: _____ City, State, Zip: _____ Nature of Services (pursuant to such employment): _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: _____ Address: _____ City, State, Zip: _____ Nature of Services (pursuant to such employment): _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> 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 E.

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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)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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.

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Schedule I: Other Income (any other income that exceeds \$1,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: _____ _____ Nature of services rendered or reason income was received: _____ _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: _____ _____ Nature of services rendered or reason income was received: _____ _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: _____ _____ Nature of services rendered or reason income was received: _____ _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> 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.**

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Schedule J: Investment Holdings (an investment holding that exceeds \$5,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ _____ Description of Security: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ _____ Description of Security: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ _____ Description of Security: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> 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.

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Schedule L: Liabilities (a liability that exceeds \$10,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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(19).

*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.