

(ANNUAL) TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

GENERAL INFORMATION

- ❖ **You are required to file a Tier 2.1 Personal Financial Disclosure Statement if you are a member (or designee) of a board or commission that has the authority to expend, disburse, or invest \$10,000 or more of funds in a fiscal year, members of the State Civil Service Commission and the Louisiana Stadium and Exposition District Board of Commissioners, and the executive director or person holding the equivalent position of each state and statewide retirement system.**
- ❖ Board or Commission shall mean:
 - A board or commission (and like entity) created by law or executive order that is made a part of the executive branch, or that is placed in an executive branch department or in the office of the governor or lieutenant governor by law or executive order.
 - A board, commission (and like entity) created by the constitution, by law, by a political subdivision, or jointly by two or more political subdivisions as a governing authority of a political subdivision of the state or local government.
- ❖ Board or Commission shall not mean:
 - The governing authority of a parish.
 - Any board or commission that governs a political subdivision created by a single parish governing authority of a parish with a population of 200,000 or less, or any sub-district of such a political subdivision.
 - The governing authority of a municipality.
 - Any board or commission that governs a political subdivision created by a single municipal governing authority of a municipality with a population of 25,000 or less, or any sub-district of such a political subdivision.
 - A board of directors of a private nonprofit corporation that is not created by law.
- ❖ You are required to file a financial disclosure statement **on or before May 15** of each year you hold office, **AND** by May 15 of the year following the termination of the holding of such office.
- ❖ If additional copies of the schedules are needed, copies are available at www.ethics.la.gov.
- ❖ If you hold another office that requires you to file a financial disclosure statement, you are only required to file one financial disclosure statement. The financial disclosure statement shall be filed under the highest tier. Tier levels (highest to lowest): Tier 1, Tier 2, Tier 2.1, Tier 3.
- ❖ You may not request an extension to file your personal financial disclosure statement.
- ❖ **If your holding of office ends in January**, you may file your “final” personal financial disclosure statement for the days served in January, if the disclosure statement is filed on or before May 15 of the year in which your service ends. By filing this “final” personal financial disclosure statement, you are not required to file the year following the termination of the holding of such office.

- ❖ For additional information, call our office at 225-219-5600 or visit our website, www.ethics.la.gov, and view the *Disclosure—Frequently Asked Questions* section or the information sheets under *General Information—Publications*.
- ❖ Acceptable methods for filing a personal financial disclosure statement:
 - **Fax:** 225-381-7271
 - **Upload:** Go to www.ethics.la.gov > Disclosure & select File Upload (pdf format only)
 - **Electronic Filing:** go to www.ethics.la.gov > Disclosure & select PFD E-File (requires login)
 - **Mail:** Board of Ethics, P.O. Box 4368, Baton Rouge, Louisiana 70821
 - **Commercial or Hand-delivery:** 617 North Third St., LaSalle Bldg., Suite 1036, Baton Rouge, LA 70802

INSTRUCTIONS

Cover Sheet

- You are required to disclose financial information related to the **previous calendar year**.
- You are required to disclose information related to you and your spouse (if applicable).
- You are required to disclose whether you have filed your federal and state income tax returns for the previous year, or requested an extension in filing your returns.
- You may not request an extension to file your personal financial disclosure statement.
- The financial disclosure statement must contain a certification that the information contained is true and correct to the best of your knowledge and belief.

Schedule A: Employment Information

- 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.

Schedule B: Positions – Business

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

Schedule C: Positions – Nonprofit

- You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

Schedule D: Other Offices/Positions

- 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.

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

- You are required to complete SCHEDULE E if you or your spouse received income 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.
- **“Business” means** any corporation, limited liability company, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- **“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.
- **“Political Subdivision” means** a parish, municipality, or any other unit of local government, including a school board or a special district authorized by law to perform governmental functions, e.g., hospital service districts, school boards (and schools under its authority), police juries, parish councils, boards of aldermen, cities, towns, villages, clerks of court, etc.
- **“Gaming Interest” means** [as defined in La. R.S. 18:1505.2L(3)(a)] (i) Any person who holds a license or permit as a distributor of gaming devices, who holds a license or permit as a manufacturer of gaming devices, who holds a license or permit as a device service entity, and any person who owns a truck stop or a licensed pari-mutuel or off-track wagering facility which is a licensed device establishment, all pursuant to the Video Draw Poker Devices Control Law; (ii) Any person who holds a license to conduct gaming activities on a riverboat, who holds a license or permit as a distributor or supplier of gaming devices or gaming equipment including slot machines, or who holds a license or permit as a manufacturer of gaming devices or gaming equipment including slot machines issued pursuant to the Louisiana Riverboat Economic Development and Gaming Control Act, and any person who owns a riverboat upon which gaming activities are licensed to be conducted; or (iii) Any person who holds a license or entered into a contract for the conduct of casino gaming operations, who holds a license or permit as a distributor of gaming devices or gaming equipment including slot machines, or who holds a license or permit as a manufacturer of gaming devices or gaming equipment including slot machines issued pursuant to the Louisiana Economic Development and Gaming Corporation Act, and any person who owns a casino where such gaming operations are licensed.

Schedule F: Contributions

- You are required to complete SCHEDULE F if you are 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 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 an 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.

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: _____

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) _____

Mailing Address: _____

City, State, Zip: _____

Name of Board/Commission (no abbreviations): _____

Date of Appointment: _____

Date Appointment Expires: _____

Name of Spouse (if applicable) (print full name)

Spouse's Occupation: _____

Principal Business Address: _____

City, State Zip: _____

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.

Signature of Filer

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Schedule A: Employment Information

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Name of Employer: _____ Job Title: _____ Job Description: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> 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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> 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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____ _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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: _____
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

<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): \$ _____
<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 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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Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule F: Contributions** (made within one year of appointment - in excess of \$1,000) 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 \$1,000 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.