

## 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 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT

## GENERAL INFORMATION

- ❖ You are required to file a Tier 3 Personal Financial Disclosure Statement if you serve as an elected official representing a voting district having a population of fewer than 5,000.
- ❖ You are required to file a Tier 3 Personal Financial Disclosure Statement if you serve as a member of the governing authority or management board of a charter school created pursuant to Chapter 42 of Title 17 of the Louisiana Revised Statutes.
- ❖ You are required to file a personal financial disclosure statement in the prior calendar year **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](http://www.ethics.la.gov).
- ❖ If you hold another position/office that requires you to file a financial disclosure statement, you are only required to file one financial disclosure statement. Such 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](http://www.ethics.la.gov), and view the *Disclosure—Frequently Asked Questions* section or the information sheets provided under *General Information—Publications*.
- ❖ Acceptable methods for filing a personal financial disclosure statement:
  - **Fax:** 225-381-7271
  - **Upload:** Go to [www.ethics.la.gov](http://www.ethics.la.gov) > Disclosure & select File Upload (pdf format only)
  - **Electronic Filing:** go to [www.ethics.la.gov](http://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 whether you have filed your federal and state income tax returns for the previous year.
- You are required to sign the cover sheet certifying that the information provided is true and correct to the best of your knowledge and belief.

## Schedule A: Employment Information

- 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.

## SCHEDULE B: FILER/SPOUSE INCOME FROM THE STATE, POLITICAL SUBDIVISIONS, AND/OR GAMING INTERESTS

- You are required to complete Schedule B if you or your spouse (if applicable) received income (which exceeded \$250 from each source) from the State, a political subdivision, and/or a gaming interest.
- Income received must be reported as an exact dollar figure.
- **“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, special districts, 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 C: Income from Gaming Interests to Business

- You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.

- **“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.

### **SCHEDULE D: CONTRACT BETWEEN BUSINESS AND STATE/POLITICAL SUBDIVISION**

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- **“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.
- **“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, special districts, etc.

# (ANNUAL) TIER 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT

THIS REPORT COVERS CALENDAR YEAR: \_\_\_\_\_

- ORIGINAL REPORT
- AMENDED REPORT
- FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY \_\_\_\_, 20\_\_\_\_)

Final reports 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.

ELECTED OFFICE POSITION OR CHARTER SCHOOL NAME: \_\_\_\_\_

Date of Appointment/Term: \_\_\_\_\_

Date Appointment Expires/Term Ends: \_\_\_\_\_

NAME (print full name): \_\_\_\_\_

MAILING Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Spouse (if applicable) (print full name): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**CHECK ALL THAT APPLY**

- 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.
- 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.

**NOTE: La. R.S. 42:1124.3 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

## 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.**

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

(Income which exceeded \$250 from each source)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

\* You are required to complete SCHEDULE B 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.  
 \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.  
 \* The definition for (and examples of) political subdivision, gaming interest, and business are found in the *Instructions Section* of this form.

**Schedule C: INCOME FROM GAMING INTERESTS TO BUSINESS**

(Income which exceeded \$250 from each source)

Check if not applicable

<input type="checkbox"/> Business    Name of business: _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Business    Name of business: _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Business    Name of business: _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Business    Name of business: _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____

\* You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* The definition for gaming interest and business are found in the *Instructions Section* of this form.

**SCHEDULE D: CONTRACT BETWEEN BUSINESS AND STATE/POLITICAL SUBDIVISION**

Check if not applicable.

<input type="checkbox"/> Business	Name of business: _____ Amount or Value of Contract: _____ Duration of Contract: _____ Description of goods or services provided: _____ _____ _____
<input type="checkbox"/> Business	Name of business: _____ Amount or Value of Contract: _____ Duration of Contract: _____ Description of goods or services provided: _____ _____ _____
<input type="checkbox"/> Business	Name of business: _____ Amount or Value of Contract: _____ Duration of Contract: _____ Description of goods or services provided: _____ _____ _____
<input type="checkbox"/> Business	Name of business: _____ Amount or Value of Contract: _____ Duration of Contract: _____ Description of goods or services provided: _____ _____ _____

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- The definition for business and political subdivision are found in the *Instructions Section* of this form.