Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

| Statement. As such, I have completed SCHEDULE D. |
|--|
| ⊘ ORIGINAL REPORT This Report Covers Calendar Year: 2018 |
| ☐ AMENDED REPORT |
| FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY]]) |
| A 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. |
| OFFICE/POSITION HELD: State Representative District 53 |
| NAME OF FILER (print full name): Tanner Magee |
| Mailing Address: 312 Central Ave. |
| City, State, Zip: Houma, LA, 70364 |
| NAME OF SPOUSE(if applicable)(print full name): Kristen Balhoff Magee |
| Spouse's Occupation: CPA |
| Spouse's Principal Business Address: 312 Central Ave. |
| City, State, Zip: Houma, LA, 70364 |
| 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. |
| ☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an |
| extension in filing my Tier 2 Personal Financial Disclosure. |
| CERTIFICATE 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-343 |
| DATE FILED: 5/15/2019 |
| Signature of Filer |

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule A: Employment Information

| ☐ Check if not applicable | | |
|--|-----------------------|--|
| ⊠Filer □Spouse | ⊠Full-Time □Part-Time | |
| Name of Employer: Landry Magee, I | LLC | |
| Job Title: Attorney | | |
| Job Description: Attorney | | |
| ⊠Filer □Spouse | □Full-Time ⊠Part-Time | |
| Name of Employer: LA House of Rep | presentatives | |
| Job Title: State Representative | | |
| Job Description: state repre | esentative | |
| ⊠Filer □Spouse | ⊠Full-Time □Part-Time | |
| Name of Employer: M. Bergeron & Co., CPA, LLC | | |
| Job Title: CPA | | |
| Job Description: CPA | | |
| □Filer □Spouse | □Full-Time □Part-Time | |
| Name of Employer: | | |
| Job Title: | | |
| | | |
| □Filer □Spouse | □Full-Time □Part-Time | |
| Name of Employer: | | |
| | | |
| Leb December in the control of the c | | |

- * 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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule B: Positions - Business

| ☐ Check if not applicable |
|---|
| ⊠Filer □Spouse □Both |
| Amount of Interest: 50 % |
| Name of Business: Landry Magee, LLC |
| Address: 7833 Main Street |
| City, State, Zip: Houma, LA, 70360 |
| Business Description: law firm |
| Nature of Association: member |
| □Filer ⊠Spouse □Both |
| Amount of Interest: 100 % |
| Name of Business: Kristen Magee, CPA, LLC |
| Address: 312 Central Avenue |
| City, State, Zip: Houma, LA, 70364 |
| Business Description: accounting services |
| Nature of Association: owner |
| □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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

\square Check if not applicable Schedule C: Positions - Nonprofit

| □ Filer □ Spouse |
|---|
| Name of Organization: South Central Chapter of CPAs |
| Address: 1053 West Tunnel Blvd. |
| City, State, Zip: Houma, LA, 70360 |
| Nature of Association: President |
| Description of Organization: local CPA professional association |
| □ 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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule E: Immovable Property

| ☐ Check if | not applicable (who | ere the value of th | e interest in the parcel exceeds \$2,000) |
|--------------|----------------------|------------------------|---|
| □Filer | □Spouse | ⊠Both | |
| Location o | of Property: | | |
| State: | Louisiana | | Parish/County: Terrebonne |
| Descrip | otion of Property: | 312 Central Avenu | ue - residence |
| Value of th | ne Interest in the P | arcel: | |
| | Category I (| (less than \$5,000) | Category II (\$5,000-\$24,999) |
| | Category II | I (\$25,000-\$100,000) | Category IV (more than \$100,000) |
| ⊠Filer | □Spouse | □Both | |
| Location o | of Property: | | |
| State: | Louisiana | | Parish/County: Terrebonne |
| Descrip | otion of Property: | 211 Verret Street | |
| Value of th | ne Interest in the P | arcel: | |
| | Category I (| (less than \$5,000) | Category II (\$5,000-\$24,999) |
| | Category II | I (\$25,000-\$100,000) | Category IV (more than \$100,000) |
| □Filer | □Spouse | \square Both | |
| Location o | of Property: | | |
| State: | | | Parish/County: |
| Descrip | otion of Property: | | |
| Value of the | ne Interest in the P | arcel: | |
| | Category I (| (less than \$5,000) | Category II (\$5,000-\$24,999) |
| | Category II | I (\$25,000-\$100,000) | 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.)

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule F: Income from the State, Political Check if not applicable Subdivisions, and/or Gaming Interests

| · · · · · · · · · · · · · · · · · · · | | | |
|---|--|--|--|
| ⊠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: LA House of Representatives | | | |
| Address: P.O. Box 94062 | | | |
| City, State, Zip: Baton Rouge, LA, 70804 | | | |
| Amount of Income (exact dollar amount): \$ 27,809.00 | | | |
| ☐Filer ☐Spouse ⊠Business(where amount of interest exceeds 10%) | | | |
| Type of Income: \square State \boxtimes Political Subdivision \square Gaming Interest | | | |
| Name of Business(if applicable): Landry Magee | | | |
| Name of Income Source: Terrebonne Parish Consolidated Government | | | |
| Address: P.O. Box 2768 | | | |
| City, State, Zip: Houma, LA, 70360 | | | |
| Amount of Income (exact dollar amount): \$ 1,664.00 | | | |
| ☐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): \$ | | | |
| | | | |

- * 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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule G: Income Received from Employment

☐ Check if not applicable

| □Filer □Spouse □Full-time □Part-time | | |
|---|--|--|
| Name of Employer: | | |
| Address: | | |
| City, State, Zip: | | |
| Nature of services (pursuant to such employment): | | |
| Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999) | | |
| Category III (\$25,000-\$100,000) Category IV (more than \$100,000) | | |
| □Filer □Spouse □Full-time □Part-time | | |
| Name of Employer: | | |
| Address: | | |
| City, State, Zip: | | |
| Nature of services (pursuant to such employment): | | |
| Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999) | | |
| Category III (\$25,000-\$100,000) Category IV (more than \$100,000) | | |
| □Filer □Spouse □Full-time □Part-time | | |
| Name of Employer: | | |
| Address: | | |
| City, State, Zip: | | |
| Nature of services (pursuant to such employment): | | |
| Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999) | | |
| Category III (\$25,000-\$100,000) 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 F.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule H: Income Received From Business

| Check if not applicable |
|--|
| AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS: |
| Category I (less than \$5,000) |
| Category III (\$25,000-\$100,000) |
| ⊠Filer □Spouse |
| Name of Business: Landry Magee, LLC |
| Address: 7833 Main Street |
| City, State, Zip: Houma, LA, 70360 |
| Nature of services rendered or reason income was received: legal services |
| □Filer ⊠Spouse |
| Name of Business: Kristen Magee, CPA, LLC |
| Address: 312 Central Avenue |
| City, State, Zip: Houma, LA, 70364 |
| Nature of services rendered or reason income was received: accounting services |
| □Filer □Spouse |
| Name of Business: |
| Address: |
| City, State, Zip: |
| Nature of services rendered or reason income was received: |
| □Filer □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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

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

| Check if not applicable | (any other income that exceeds \$1,000) | | (any other income that exceeds \$1,000) | |
|---------------------------------------|---|-----------------------------------|---|--|
| ☐Filer ☐Spouse | | | | |
| Description of Income: | | | | |
| | | | | |
| | | | | |
| Nature of services render | red or reason income was rec | eived: | | |
| | | | | |
| Amount of Income: | Category I (less than \$5,000) | Category II (\$5,000-\$24,999) | | |
| | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) | | |
| ☐Filer ☐Spouse | | | | |
| Description of Income: | | | | |
| • | | | | |
| | | | | |
| Nature of services rende | red or reason income was rec | eived: | | |
| | | | | |
| | | | | |
| Amount of Income: | Category I (less than \$5,000) | Category II (\$5,000-\$24,999) | | |
| | | — - | | |
| | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) | | |
| ☐Filer ☐Spouse | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) | | |
| ☐Filer ☐Spouse Description of Income: | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) | | |
| - 1 | Category III (\$25,000-\$100,000) | Category IV (more than \$100,000) | | |
| Description of Income: | | | | |
| Description of Income: | Category III (\$25,000-\$100,000) | | | |
| Description of Income: | | | | |
| Description of Income: | | | | |

- * 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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule J: Investment Holdings

| ⊠ Check if not applicable | (an investment holding that exceeds \$5,000) |
|--|--|
| □Filer □Spouse | □Both |
| Name of Security: | |
| | |
| Description of Security: | |
| | |
| □Filer □Spouse | □Both |
| Name of Security: | |
| | |
| Description of Security: | |
| | |
| —————————————————————————————————————— | □ D o th |
| ☐Filer ☐Spouse Name of Security: | □Both |
| rame 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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule K: Transactions

| | t exceeds \$5,000) |
|---|-----------------------------------|
| □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-\$100,000) | Category IV (more than \$100,000) |
| □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-\$100,000) | Category IV (more than \$100,000) |
| □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-\$100,000) | Category IV (more than \$100,000) |

- * You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).
- * You are not required to report 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, cash or cash equivalent investments.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule L: Liabilities

Check if not applicable (a liability that exceeds \$10,000) ☐Filer ☐Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable): ∏Filer Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable): ☐Filer ☐Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable): ☐Filer ☐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(13).

^{*}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.

^{*&}quot;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.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule M: Positions - Business

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

| ☐ Check if not applicable | Ethics Board, and the administrator of the Ethics Administration) |
|---------------------------|---|
| □Filer □Spouse | □Both |
| Name of Business: | |
| ۸ ما ما ما ما ما | |
| City, State, Zip: | |
| | |
| Nature of Association: _ | |
| Amount of Interest: | |
| □Filer □Spouse | □Both |
| Name of Business: | |
| | |
| City, State, Zip: | |
| | |
| | |
| Amount of Interest: | |
| □Filer □Spouse | □Both |
| Name of Business: | |
| Address: | |
| City, State, Zip: | |
| | |
| | |
| Amount of Interest: | % |

- * You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- * You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.
- * "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- * Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule N: Income from the State and/or Political Subdivisions

Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

- * You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- * You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.
- * "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.
- * Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

| Check if not applicable | | |
|---|--|--|
| □Filer □Spouse | | |
| Name of Governmental Entity: | | |
| | | |
| Nature of Contract/Sub-Contract: | | |
| Value (of thing of economic value) Derived: | | |
| □Filer □Spouse | | |
| Name of Governmental Entity: | | |
| | | |
| Nature of Contract/Sub-Contract: | | |
| Value (of thing of economic value) Derived: | | |
| □Filer □Spouse | | |
| Name of Governmental Entity: | | |
| Nature of Contract/Sub-Contract: | | |
| Value (of thing of economic value) Derived: | | |
| □Filer □Spouse | | |
| Name of Governmental Entity: | | |
| Nature of Contract/Sub-Contract: | | |
| Value (of thing of economic value) Derived: | | |

- * You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- * You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.
- * You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.
- *"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).