

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

☒ 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.

☒ ORIGINAL REPORT

This Report Covers Calendar Year: 2020

☐ 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: Louisiana State Legislature, State Representative, District 69

NAME OF FILER (print full name): Paula Pellerin Davis

Mailing Address : 2644 Fairway Drive

City, State, Zip: Baton Rouge, LA 70809

NAME OF SPOUSE(if applicable)(print full name): John Barney Davis

Spouse's Occupation: Attorney, Private Business

Spouse's Principal Business Address: 2644 Fairway Drive

City, State, Zip: Baton Rouge, LA 70809

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.

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.

Paula P Davis
Signature of Filer

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>Louisiana State Legislature</u>
Job Title: <u>State Representative, District 69</u>
Job Description: <u>Carry out the lawmaking functions of the legislative branch, formulate policy and exercise the power of the citizenry</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Waters & Pettit Commercial Real Estate</u>
Job Title: <u>Commercial Real Estate Agent</u>
Job Description: <u>Responsible for identifying commercial properties for clients for purchase, sale or lease</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>GB Sciences Louisiana, LLC d/b/a Wellcana</u>
Job Title: <u>President</u>
Job Description: <u>Responsible for creating, implementing and directing strategic operations of the company</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Deep South Studios, LLC</u>
Job Title: <u>Governmental Relations</u>
Job Description: <u>Responsible for coordinating legislative efforts by working with state and local governmental personnel and elected officials as well as the media</u>
<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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothAmount of Interest: 12.25 %Name of Business: Pellerin Funeral GroupAddress: 211 Berard St.City, State, Zip: Breaux Bridge, LA 70517Business Description: Funeral servicesNature of Association: Director, Shareholder☒ Filer ☐ Spouse ☐ BothAmount of Interest: 12.25 %Name of Business: Pellerin Insurance ServicesAddress: 211 Berard St.City, State, Zip: Breaux Bridge, LA 70517Business Description: Insurance ServicesNature of Association: Director, Shareholder☒ Filer ☐ Spouse ☐ BothAmount of Interest: 12.25 %Name of Business: GFI Management GroupAddress: 211 Berard St.City, State, Zip: Breaux Bridge, LA 70517Business Description: Administrative ServicesNature of Association: Director, Shareholder

* 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest: <u>20</u> %
Name of Business: <u>Pellerin Development Corporation</u>
Address: <u>211 Berard St.</u>
City, State, Zip: <u>Breaux Bridge, LA 70517</u>
Business Description: <u>Funeral Services</u>
Nature of Association: <u>Director, Shareholder</u>
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest: <u>100</u> %
Name of Business: <u>John B. Davis Consulting, LLC</u>
Address: <u>2644 Fairway Dr.</u>
City, State, Zip: <u>B.R., LA 70809</u>
Business Description: <u>Consulting Services</u>
Nature of Association: <u>Manager, Member</u>
<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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>The ARC of Baton Rouge</u>
Address: <u>8326 Kelwood Ave.</u>
City, State, Zip: <u>B.R., LA 70806</u>
Nature of Association: <u>Board of Directors (volunteer, not compensated)</u>
Description of Organization: <u>An organization providing invaluable services, support and advocacy for persons with intellectual and developmental disabilities and their families</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>Louisiana Art & Sciences Museum</u>
Address: <u>100 River Rd. So.</u>
City, State, Zip: <u>B.R., LA 70802</u>
Nature of Association: <u>Board of Directors (volunteer, not compensated)</u>
Description of Organization: <u>LASM seeks the enhancement and appreciation of art and science for general audiences</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
Name of Organization: <u>LSU Ogden Honors College</u>
Address: <u>101 French House</u>
City, State, Zip: <u>B.R., LA 70803</u>
Nature of Association: <u>Advisory Council (volunteer, not compensated)</u>
Description of Organization: <u>Serve as confidential advisor to Dean, promote recruitment of top students, network for alumni and financial support, and serve as ambassador for College and University on local, state and national levels</u>

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

LOUISIANA BOARD OF ETHICSPost 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: _____
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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Baton Rouge, Louisiana 70821

Schedule E: Immovable Property☐ Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)☐ Filer ☐ Spouse ☒ Both

Location of Property:

State: LouisianaParish/County: East Baton RougeDescription of Property: Primary Residence

Value of the Interest in the Parcel:

☐ 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

Location of Property:

State: _____

Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

☐ 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

Location of Property:

State: _____

Parish/County: _____

Description of Property: _____

Value of the Interest in the Parcel:

☐ 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 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.)

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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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 checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): Louisiana State Legislature		
Name of Income Source: State Representative, District 69		
Address: State Capitol, P.O. Box 44486		
City, State, Zip: B.R., LA 70804		
Amount of Income (exact dollar amount): \$ 16,800.00		
<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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-time	<input checked="" type="checkbox"/> Part-time
Name of Employer: <u>Louisiana State Legislature</u>			
Address: <u>State Capitol, P.O. Box 44486</u>			
City, State, Zip: <u>B.R., LA 70804</u>			
Nature of services (pursuant to such employment): <u>State Representative, District 69</u>			
Amount of Income: <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 checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Name of Employer: <u>Waters & Pettit Commercial Real Estate</u>			
Address: <u>8054 Summa Ave., Ste. E</u>			
City, State, Zip: <u>B.R., LA 70809</u>			
Nature of services (pursuant to such employment): <u>Commercial Real Estate Agent</u>			
Amount of Income: <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 checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Name of Employer: <u>GB Sciences Louisiana, LLC d/b/a Wellcana</u>			
Address: <u>18350 Petroleum Dr.</u>			
City, State, Zip: <u>B.R., LA 70809</u>			
Nature of services (pursuant to such employment): <u>Executive Management</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)			

- * 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Income Received from Employment**☐ Check if not applicable☐ Filer ☒ Spouse ☒ Full-time ☐ Part-timeName of Employer: Deep South Studios, LLCAddress: 900 S. Peters St., #C-1City, State, Zip: N.O., LA 70130Nature of services (pursuant to such employment): Governmental RelationsAmount 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.

LOUISIANA BOARD OF ETHICSPost 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 II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☒ Filer ☐ SpouseName of Business: Pellerin Funeral GroupAddress: 211 Berard St.City, State, Zip: Breaux Bridge, LA 70517Nature of services rendered or reason income was received: Director, Shareholder☒ Filer ☐ SpouseName of Business: Pellerin Insurance GroupAddress: 211 Berard St.City, State, Zip: Breaux Bridge, LA 70517Nature of services rendered or reason income was received: Director, Shareholder☒ Filer ☐ SpouseName of Business: Pellerin Development CorporationAddress: 211 Berard St.City, State, Zip: Breaux Bridge, LA 70517Nature of services rendered or reason income was received: Director, Shareholder☐ Filer ☒ SpouseName of Business: John B. Davis Consulting, LLCAddress: 2644 Fairway DriveCity, State, Zip: B.R., LA 70809Nature of services rendered or reason income was received: Consulting Services

- * 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule I: Other Income**☒ Check if not applicable

(any other income that exceeds \$1,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: <hr/>
Nature of services rendered or reason income was received: <hr/>
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: <hr/>
Nature of services rendered or reason income was received: <hr/>
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: <hr/>
Nature of services rendered or reason income was received: <hr/>
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.

LOUISIANA BOARD OF ETHICSPost 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:

☐ Filer ☐ Spouse ☐ 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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(a transaction that 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.

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Schedule L: Liabilities☒ Check if not applicable

(a liability that exceeds \$10,000)

<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): _____
<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(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.

*"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.

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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☐ Filer ☐ Spouse ☐ Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

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.

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**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)☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

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 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.

LOUISIANA BOARD OF ETHICSPost 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).