

**LOUISIANA SUPREME COURT  
PERSONAL FINANCIAL DISCLOSURE STATEMENT  
FOR JUDGES**

*Report Required by  
Order of the Louisiana  
Supreme Court, Part N,  
Rule XXXIX.*

**SECTION I: GENERAL INFORMATION**

<b>1. Person Reporting</b> <i>(Last name, first, middle initial)</i>	<b>2. Date of Report</b>	<b>3. Reporting Period</b>
<b>4. Title of Person Reporting</b>	<b>5. Name of Court</b>	
<b>6. Office Address</b>		
<b>7. Spouse's Name</b> <i>(Last name, first, middle initial)</i>	<b>8. Spouse's Current Occupation</b> <i>(if applicable)</i>	
<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE	
<b>IMPORTANT:</b> The instructions accompanying this form must be followed. Complete all parts, checking the "NOT APPLICABLE" box for each part where you have no reportable information.		

**SECTION II. INTERESTS IN BUSINESS ENTITIES**

*Complete this Section for each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, and in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.*

*See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(4)(a).*

*If none, check the "NOT APPLICABLE" box and skip to the next Section.*  NOT APPLICABLE

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
<b>2. Name of Business</b>	<b>3. Address of Business:</b>
<b>4. Brief Description of, and Amount of Interest in, Business</b>	
<b>5. Nature of Association with Business</b>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Trustee

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
<b>2. Name of Business</b>	<b>3. Address of Business:</b>
<b>4. Brief Description of, and Amount of Interest in, Business</b>	
<b>5. Nature of Association with Business</b>	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Trustee

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**SECTION III. INVOLVEMENT IN NONPROFIT ORGANIZATIONS**

<i>If you and/or your spouse are a director or officer of a nonprofit organization, complete this Section. See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(4)(b).</i>	
<i>Otherwise, check the "NOT APPLICABLE" box and skip to the next Section.    <input type="checkbox"/> NOT APPLICABLE</i>	
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
<b>2. Name of Nonprofit</b>	<b>3. Address of Nonprofit:</b>
<b>4. Brief Description of Nonprofit</b>	
<b>5. Nature of Association with Nonprofit</b>	<input type="checkbox"/> Director <input type="checkbox"/> Officer

  

<i>If you and/or your spouse are a director or officer of a nonprofit organization, complete this Section. See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(4)(b).</i>	
<i>Otherwise, check the "NOT APPLICABLE" box and skip to the next Section.    <input type="checkbox"/> NOT APPLICABLE</i>	
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
<b>2. Name of Nonprofit</b>	<b>3. Address of Nonprofit:</b>
<b>4. Brief Description of Nonprofit</b>	
<b>5. Nature of Association with Nonprofit</b>	<input type="checkbox"/> Director <input type="checkbox"/> Officer

**SECTION IV. INCOME**

*This Section solely concerns income earned by you and/or your spouse in the preceding calendar year.  
Please note that each subsection requests information concerning specific sources of income.  
See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(5).*

**Subsection A. Income from State or Political Subdivision or from Services Performed for or in Connection with a Gaming Interest**

<i>Complete this Subsection if either you or your spouse, or if any business in which you or your spouse, either individually or collectively, own an interest which exceeds ten percent of that business, receives any source of income from the state or any political subdivision, or from services performed for or in connection with a gaming interest. (See Definitions for the definition of gaming interest or political subdivision.)</i>	
<b>JUDICIAL INCOME MUST APPEAR IN THIS SECTION.</b>	
<i>If none, check the "NOT APPLICABLE" box and skip to the next Subsection.    <input type="checkbox"/> NOT APPLICABLE</i>	
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business in which Filer and/or Spouse owns more than a 10% interest
<b>2. Name of Source of Income</b>	<b>3. Address of Source of Income:</b>
<b>4. Type of Income Received:</b>	<input type="checkbox"/> State or Political Subdivision <input type="checkbox"/> Services Performed for or in Connection with a Gaming Interest
<b>5. Specific Amount of Income Received:</b>	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business in which Filer and/or Spouse owns more than a 10% interest
2. Name of Source of Income	3. Address of Source of Income:
4. Type of Income Received:	<input type="checkbox"/> State or Political Subdivision <input type="checkbox"/> Services Performed for or in Connection with a Gaming Interest
5. Specific Amount of Income Received:	

  

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business in which Filer and/or Spouse owns more than a 10% interest
2. Name of Source of Income	3. Address of Source of Income:
4. Type of Income Received:	<input type="checkbox"/> State or Political Subdivision <input type="checkbox"/> Services Performed for or in Connection with a Gaming Interest
5. Specific Amount of Income Received:	

**Subsection B.            Income from Employers**

*Provide the name of any employer who provided income to you or your spouse pursuant to full-time or part-time employment. In your response, include a brief description of the nature of the services rendered pursuant to such employment and the amount of such income. **You do not need to include information that was reported pursuant to the previous Subsection.***

*If none, check the "NOT APPLICABLE" box and skip to the next Subsection.       NOT APPLICABLE*

1. Information Relates to: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse	2. Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3. Name of Employer	4. Job Title
5. Brief Description of the Nature of Services Rendered	
6. Amount of Income Received	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000

  

1. Information Relates to: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse	2. Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3. Name of Employer	4. Job Title
5. Brief Description of the Nature of Services Rendered	
6. Amount of Income Received	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000

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### Subsection C. Income from Businesses

<p><i>Provide the name and address of all businesses that provide income to either you or your spouse. In your response, include a brief description of the services rendered for each business or the reason that such income was received. <b><u>You do not need to include information that was reported pursuant to the previous two Subsections.</u></b></i></p>	
<p><i>If none, check the "NOT APPLICABLE" box and skip to the next Subsection. <input type="checkbox"/> NOT APPLICABLE</i></p>	
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
<b>2. Name of Business</b>	<b>3. Address of Business</b>
<b>4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received</b>	
<b>5. Amount of Income Received</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
<b>2. Name of Business</b>	<b>3. Address of Business</b>
<b>4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received</b>	
<b>5. Amount of Income Received</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000

### Subsection D. Miscellaneous Income

<p><i>If you or your spouse have received any other income that exceeds \$1,000, complete this Subsection. <b><u>You do not need to include information that was reported pursuant to the previous three Subsections.</u></b></i></p>	
<p><i>If none, check the "NOT APPLICABLE" box and skip to the next Section. <input type="checkbox"/> NOT APPLICABLE</i></p>	
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
<b>2. Type of Other Income</b>	
<b>3. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received</b>	
<b>4. Amount of Income Received</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000
<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
<b>2. Type of Other Income</b>	
<b>3. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received</b>	
<b>4. Amount of Income Received</b>	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000

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**SECTION V. INTERESTS IN IMMOVABLE PROPERTY**

*If you or your spouse, either individually or collectively, have an interest in any parcel of immovable property that exceeds \$2,000 in fair market value or use value, as determined by an assessor for purposes of ad valorem taxes, complete this Section.*  
*See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(6).*

*If none, check the "NOT APPLICABLE" box and skip to the next Section.*  NOT APPLICABLE

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Location of Immovable Property</b>			
<i>Parish/County</i>	<i>State</i>		
<b>3. Brief Description of Immovable Property</b>			
<b>4. Fair Market Value or Use Value:</b>	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$24,999	
	<input type="checkbox"/> \$25,000 - \$100,000	<input type="checkbox"/> MORE THAN \$100,000	

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<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Location of Immovable Property</b>			
<i>Parish/County</i>	<i>State</i>		
<b>3. Brief Description of Immovable Property</b>			
<b>4. Fair Market Value or Use Value:</b>	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$24,999	
	<input type="checkbox"/> \$25,000 - \$100,000	<input type="checkbox"/> MORE THAN \$100,000	

**SECTION VI. INVESTMENT SECURITIES**

*If you or your spouse hold(s) any investment securities having a value exceeding \$5,000, complete this Section. You do not need to disclose any 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.*  
*See the Instructions Section for items that should not be reported in this Section.*  
*See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(7).*

*If neither you nor your spouse holds such investment securities, check the "NOT APPLICABLE" box and skip to the next Section.*  NOT APPLICABLE

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Name of Investment Security</b>			
<b>3. Brief Description of Investment Security</b>			

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<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Name of Investment Security</b>			
<b>3. Brief Description of Investment Security</b>			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**SECTION VII. PURCHASE/SALE**

*If you or your spouse have purchased or sold, in excess of \$5,000, any immovable property or any 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 future commodities, complete this Section. See the Instructions Section for items that do not need to be reported in this Section.*

*See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(8).*

*If none, check the "NOT APPLICABLE" box and skip to the next Section.*  NOT APPLICABLE

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Type:</b> <input type="checkbox"/> Purchase <input type="checkbox"/> Sale	<b>3. Date of Purchase or Sale:</b>		
<b>4. Amount of Purchase or Sale:</b>	<input type="checkbox"/> \$5,000 - \$24,999	<input type="checkbox"/> \$25,000 - \$100,000	<input type="checkbox"/> MORE THAN \$100,000
<b>5. Brief Description of What Was Purchased or Sold:</b>			

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Type:</b> <input type="checkbox"/> Purchase <input type="checkbox"/> Sale	<b>3. Date of Purchase or Sale:</b>		
<b>4. Amount of Purchase or Sale:</b>	<input type="checkbox"/> \$5,000 - \$24,999	<input type="checkbox"/> \$25,000 - \$100,000	<input type="checkbox"/> MORE THAN \$100,000
<b>5. Brief Description of What Was Purchased or Sold:</b>			

**SECTION VIII. CREDITORS**

*Complete this Section if you or your spouse owes any liability to any creditor which exceeds \$10,000 on the last day of the reporting period. See the Instructions Section for liabilities that are excluded from this Section.*

*See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(9).*

*If you owe no liability exceeding \$10,000, check the "NOT APPLICABLE" box and skip to the next Section.*

NOT APPLICABLE

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Creditor's Name</b>	<b>3. Creditor's Address</b>		
<b>4. Guarantor's Name (if applicable)</b>			
<input type="checkbox"/> NOT APPLICABLE			

<b>1. Information Relates to:</b>	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
<b>2. Creditor's Name</b>	<b>3. Creditor's Address</b>		
<b>4. Guarantor's Name (if applicable)</b>			
<input type="checkbox"/> NOT APPLICABLE			

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**PERSONAL FINANCIAL DISCLOSURE STATEMENT AFFIDAVIT**

STATE OF LOUISIANA  
PARISH OF

BEFORE ME, the undersigned authority, personally came and appeared:

who, upon first being duly sworn, did depose and say that the information contained in this Personal Financial Disclosure Statement is true and correct to the best of his/her knowledge, information, and belief. He/she did also certify that he/she

**Select One:**  Has filed his/her federal income tax return for the applicable reporting period.  
 Has filed for an extension to file his/her federal income tax return for the applicable reporting period.

**Select One:**  Has filed his/her state income tax return for the applicable reporting period.  
 Has filed for an extension to file his/her state income tax return for the applicable reporting period.

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Sworn to and subscribed before me  
this          day of                                  , 20          .

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Notary Public

**Mail completed forms to:**  
Louisiana Supreme Court  
Office of the Judicial Administrator  
400 Royal Street, Suite 1190  
New Orleans, Louisiana 70130