

**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

1. Person Reporting <i>(Last name, first, middle initial)</i> Anderson, Charles, K.	2. Date of Report April 22, 2020	3. Reporting Period 2019
4. Title of Person Reporting District Judge	5. Name of Court 36th JDC	
6. Office Address P.O. Box 1148, DeRidder, LA 70634		
7. Spouse's Name <i>(Last name, first, middle initial)</i> Anderson, Erika, F. <input type="checkbox"/> NOT APPLICABLE	8. Spouse's Current Occupation <i>(if applicable)</i> Attorney <input type="checkbox"/> NOT APPLICABLE	
IMPORTANT: 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

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
2. Name of Business Erika F. Anderson, Attorney at Law	3. Address of Business: 1808 Hwy 190 W, Ste A, DeRidder, LA 70634
4. Brief Description of, and Amount of Interest in, Business	Solo law practice, 100%
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Trustee

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
2. Name of Business The Phoenix Hat Co., LLC	3. Address of Business: 1808 Hwy 190 W, DeRidder, LA 70634
4. Brief Description of, and Amount of Interest in, Business	Commercial real estate, 20%
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input checked="" type="checkbox"/> Member <input type="checkbox"/> Trustee

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**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

1. Person Reporting <i>(Last name, first, middle initial)</i>	2. Date of Report	3. Reporting Period
4. Title of Person Reporting	5. Name of Court	
6. Office Address		
7. Spouse's Name <i>(Last name, first, middle initial)</i>	8. Spouse's Current Occupation <i>(if applicable)</i>	
<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE	
IMPORTANT: 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

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
2. Name of Business Anderson Enterprises	3. Address of Business: P.O. Box 1025, DeRidder, LA 70634
4. Brief Description of, and Amount of Interest in, Business	Commercial real estate, 100%
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Trustee

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

<p><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></p> <p><i>Otherwise, check the "NOT APPLICABLE" box and skip to the next Section. <input type="checkbox"/> NOT APPLICABLE</i></p>	
1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Name of Nonprofit	3. Address of Nonprofit:
Grace Church of DeRidder, LA, Inc.	1021 W 1st Street, DeRidder, LA 70634
4. Brief Description of Nonprofit	Church
5. Nature of Association with Nonprofit	<input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Officer
<p><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></p> <p><i>Otherwise, check the "NOT APPLICABLE" box and skip to the next Section. <input type="checkbox"/> NOT APPLICABLE</i></p>	
1. Information Relates to:	<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Name of Nonprofit	3. Address of Nonprofit:
W.D. West House of Care	McMahon Street, DeRidder, LA 70634
4. Brief Description of Nonprofit	Provides low cost rental space to non-profits
5. Nature of Association with Nonprofit	<input checked="" type="checkbox"/> Director <input checked="" 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

<p><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></p> <p>JUDICIAL INCOME MUST APPEAR IN THIS SECTION.</p> <p><i>If none, check the "NOT APPLICABLE" box and skip to the next Subsection. <input type="checkbox"/> NOT APPLICABLE</i></p>	
1. Information Relates to:	<input checked="" 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:
Judicial Branch of Louisiana	400 Royal Street, New Orleans, LA 70130
4. Type of Income Received:	<input checked="" 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:	\$155,057.68

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SECTION III. INVOLVEMENT IN NONPROFIT ORGANIZATIONS

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).

Otherwise, check the "NOT APPLICABLE" box and skip to the next Section. NOT APPLICABLE

1. Information Relates to:	<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
2. Name of Nonprofit Humane Society of West Louisiana	3. Address of Nonprofit: P.O. Box 1751, DeRidder, LA 70634		
4. Brief Description of Nonprofit	Humane society		
5. Nature of Association with Nonprofit	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Officer	

1. Information Relates to:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
2. Name of Nonprofit	3. Address of Nonprofit:		
4. Brief Description of Nonprofit			
5. Nature of Association with Nonprofit	<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

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.)

JUDICIAL INCOME MUST APPEAR IN THIS SECTION.

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	<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:			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

1. Information Relates to:	<input checked="" 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 Judicial Branch of Louisiana	3. Address of Source of Income: 400 Royal Street, New Orleans, LA 70130
4. Type of Income Received:	<input checked="" 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:	\$324.50 for taxable travel reimbursement

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 checked="" type="checkbox"/> Spouse	2. Position <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3. Name of Employer Erika F. Anderson, Attorney at Law	4. Job Title Attorney
5. Brief Description of the Nature of Services Rendered	Solo law practice
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 checked="" 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Subsection C. Income from Businesses

*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. **You do not need to include information that was reported pursuant to the previous two Subsections.***

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

1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse
2. Name of Business Anderson Enterprises	3. Address of Business P.O. Box 1025, DeRidder, LA 70634
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Commercial real estate
5. Amount of Income Received	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000

1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse
2. Name of Business The Phoenix Hat Co., LLC	3. Address of Business 1808 Hwy 190 W, DeRidder, LA 70634
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	LLC member
5. Amount of Income Received	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> MORE THAN \$100,000

Subsection D. Miscellaneous Income

*If you or your spouse have received any other income that exceeds \$1,000, complete this Subsection. **You do not need to include information that was reported pursuant to the previous three Subsections.***

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

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
2. Type of Other Income	
3. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	
4. 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. Type of Other Income	
3. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	
4. 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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

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

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

1. Information Relates to:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
2. Name of Investment Security	First National Bank in DeRidder		
3. Brief Description of Investment Security	Bank stock		

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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

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

1. Information Relates to:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
2. Location of Immovable Property			
<i>Parish/County</i>	<i>State</i>		
3. Brief Description of Immovable Property			
4. Fair Market Value or Use Value:	<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

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

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

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

1. Information Relates to:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
2. Type: <input type="checkbox"/> Purchase <input checked="" type="checkbox"/> Sale	3. Date of Purchase or Sale: January 2019		
4. Amount of Purchase or Sale:	<input type="checkbox"/> \$5,000 - \$24,999	<input type="checkbox"/> \$25,000 - \$100,000	<input checked="" type="checkbox"/> MORE THAN \$100,000
5. Brief Description of What Was Purchased or Sold:	Mineral interest in Sabine Parish property.		

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

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

1. Information Relates to:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
2. Creditor's Name First National Bank in DeRidder	3. Creditor's Address P.O. Box 700, DeRidder, LA 70634		
4. Guarantor's Name (if applicable)	<input type="checkbox"/> NOT APPLICABLE		

1. Information Relates to:	<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
2. Creditor's Name Sabine State Bank & Trust Co.	3. Creditor's Address 297 Elizabeth Street, Many, LA 71449		
4. Guarantor's Name (if applicable)	<input type="checkbox"/> NOT APPLICABLE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SECTION IX. BOARDS & COMMISSIONS

*Complete this section if you serve on any Boards or Commissions whose members are required to file a financial disclosure form pursuant to R.S. 42:1124.2.1
See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(11).*

If you do not serve on any Boards or Commissions whose members are required to file a financial disclosure form pursuant to R.S. 42:1124.2.1 then skip check the "NOT APPLICABLE" box and skip to the next Section.

NOT APPLICABLE

1. Name of Board or Commission:	2. Date of Appointment:	3. Date Appointment Expires:
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Please Check One of the following:

<input type="checkbox"/>	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.
<input type="checkbox"/>	I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

1. Name of Board or Commission:	2. Date of Appointment:	3. Date Appointment Expires:
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Please Check One of the following:

<input type="checkbox"/>	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.
<input type="checkbox"/>	I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL DISCLOSURE STATEMENT AFFIDAVIT

STATE OF LOUISIANA
PARISH OF BEAUREGARD

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

CHARLES KERRY ANDERSON

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.



Sworn to and subscribed before me
this 22 day of April, 2020.

Notary Public

Aaron Greenmillon

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