



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

JUDICIAL ADMIN. OFFICE

*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> HAMPTON, BRUCE E.	2. Date of Report 11/12/2019	3. Reporting Period 2018
4. Title of Person Reporting DISTRICT JUDGE	5. Name of Court THIRD JUDICIAL DISTRICT	
6. Office Address 100 EAST BAYOU STREET, SUITE 202, FARMERVILLE, LA 71241		
7. Spouse's Name <i>(Last name, first, middle initial)</i> HAMPTON, CINDY K. <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	8. Spouse's Current Occupation <i>(if applicable)</i> ASSISTANT PRINCIPAL <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	
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 COLEWA INVESTMENTS, LLC	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241
4. Brief Description of, and Amount of Interest in, Business	100% AS COMMUNITY PROPERTY
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

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both
2. Name of Business FARMERVILLE TIMBERS APARTMEN	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241
4. Brief Description of, and Amount of Interest in, Business	100% AS COMMUNITY PROPERTY
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

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Order of the Louisiana
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SECTION I: GENERAL INFORMATION

1. Person Reporting <i>(Last name, first, middle initial)</i> HAMPTON, BRUCE E.	2. Date of Report 11/12/2019	3. Reporting Period 2018
4. Title of Person Reporting DISTRICT JUDGE	5. Name of Court THIRD JUDICIAL DISTRICT	
6. Office Address 100 EAST BAYOU STREET, SUITE 202, FARMERVILLE, LA 71241		
7. Spouse's Name <i>(Last name, first, middle initial)</i> HAMPTON, CINDY K. <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	8. Spouse's Current Occupation <i>(if applicable)</i> ASSISTANT PRINCIPAL <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	
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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 COLEWA PROPERTY RENTALS, LLC	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241		
4. Brief Description of, and Amount of Interest in, Business	100% AS COMMUNITY PROPERTY		
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Partner	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Member	<input type="checkbox"/> Owner <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 HAMPTON LAW FIRM, LLC	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241		
4. Brief Description of, and Amount of Interest in, Business	100% AS COMMUNITY PROPERTY-DIVESTED BEFORE SWORN IN		
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Partner	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Member	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee

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SECTION I: GENERAL INFORMATION

1. Person Reporting <i>(Last name, first, middle initial)</i> HAMPTON, BRUCE E.	2. Date of Report 11/12/2019	3. Reporting Period 2018
4. Title of Person Reporting DISTRICT JUDGE	5. Name of Court THIRD JUDICIAL DISTRICT	
6. Office Address 100 EAST BAYOU STREET, SUITE 202, FARMERVILLE, LA 71241		
7. Spouse's Name <i>(Last name, first, middle initial)</i> HAMPTON, CINDY K. <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	8. Spouse's Current Occupation <i>(if applicable)</i> ASSISTANT PRINCIPAL <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	
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 TIGER BAYOU LAND, LLC	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241		
4. Brief Description of, and Amount of Interest in, Business	50% AS COMMUNITY PROPERTY		
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Partner	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Member	<input type="checkbox"/> Owner <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 HF INVESTMENTS, LLC	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241		
4. Brief Description of, and Amount of Interest in, Business	100% AS COMMUNITY PROPERTY		
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Partner	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Member	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee

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4. Title of Person Reporting DISTRICT JUDGE	5. Name of Court THIRD JUDICIAL DISTRICT	
6. Office Address 100 EAST BAYOU STREET, SUITE 202, FARMERVILLE, LA 71241		
7. Spouse's Name <i>(Last name, first, middle initial)</i> HAMPTON, CINDY K. <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	8. Spouse's Current Occupation <i>(if applicable)</i> ASSISTANT PRINCIPAL <div style="text-align: right;"><input type="checkbox"/> NOT APPLICABLE</div>	
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 DOUBLE H INVESTMENTS, LLC	3. Address of Business: PO BOX 279, FARMERVILLE, LA 71241		
4. Brief Description of, and Amount of Interest in, Business	100% AS COMMUNITY PROPERTY		
5. Nature of Association with Business	<input type="checkbox"/> Director <input type="checkbox"/> Partner	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Member	<input type="checkbox"/> Owner <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	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"/> Partner	<input type="checkbox"/> Officer <input type="checkbox"/> Member	<input type="checkbox"/> Owner <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.</i> <input type="checkbox"/> NOT APPLICABLE</p>	
1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Name of Nonprofit Union 4-H Foundation, Inc.	3. Address of Nonprofit: Water Street, Farmerville, LA 71241
4. Brief Description of Nonprofit	Supports activities of Union Parish 4-H youth
5. Nature of Association with Nonprofit	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer
<p>1. Information Relates to: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both</p> <p>2. Name of Nonprofit</p> <p>3. Address of Nonprofit:</p> <p>4. Brief Description of Nonprofit</p> <p>5. Nature of Association with Nonprofit <input type="checkbox"/> Director <input type="checkbox"/> Officer</p>	

SECTION IV. INCOME

<p><i>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).</i></p>
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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.</i> <input type="checkbox"/> NOT APPLICABLE</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 Louisiana Supreme Court	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:	\$10, 211.25

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 State of Louisiana, pay for Assistant DA	3. Address of Source of Income: Baton Rouge, LA
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:	\$42,041.00

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 3rd Judicial District Attorney	3. Address of Source of Income:
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:	\$28,000.00

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 Cedar Creek School	4. Job Title Assistant Principal
5. Brief Description of the Nature of Services Rendered	Assistant Principal of Academics
6. 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 type="checkbox"/> Filer <input type="checkbox"/> Spouse	2. Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3. Name of Employer HAMPTON LAW FIRM, LLC	4. Job Title ATTORNEY
5. Brief Description of the Nature of Services Rendered	LEGAL SERVICES
6. 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

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.</i> <input type="checkbox"/> NOT APPLICABLE	
1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Name of Nonprofit Union 4-H Foundation, Inc.	3. Address of Nonprofit: Water Street, Farmerville, LA 71241
4. Brief Description of Nonprofit	Supports activities of Union Parish 4-H youth
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

<i>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).</i>

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>	
JUDICIAL INCOME MUST APPEAR IN THIS SECTION.	
<i>If none, check the "NOT APPLICABLE" box and skip to the next Subsection.</i> <input type="checkbox"/> NOT APPLICABLE	
1. Information Relates to:	<input type="checkbox"/> Filer <input checked="" 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 Louisiana Tech University	3. Address of Source of Income: PO Box 7924 Tech Station, Ruston, LA 71272
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:	\$300.00

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 type="checkbox"/> Spouse
2. Name of Business Colewa Investments, LLC	3. Address of Business PO Box 279, Farmerville, LA 71241
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Rental Income, Sale of 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 type="checkbox"/> Spouse
2. Name of Business Farmerville Timbers Apartments, LLC	3. Address of Business PO Box 279, Farmerville, LA 71241
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Sale of Real Estate; Rental Income
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

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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 type="checkbox"/> Spouse
2. Name of Business Tiger Bayou Land, LLC	3. Address of Business PO Box 279, Farmerville, LA 71241
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	CRP Income; Income from interest from agricultural bank
5. Amount of Income Received	<input checked="" 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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
2. Name of Business Double H Investments, LLC	3. Address of Business PO Box 279, Farmerville, LA 71241
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Rental Income
5. Amount of Income Received	<input type="checkbox"/> LESS THAN \$5,000 <input checked="" type="checkbox"/> \$5,000 - \$24,999 <input 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

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Subsection C.**Income from Businesses**

<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. <u>You do not need to include information that was reported pursuant to the previous two Subsections.</u></i>	
<i>If none, check the "NOT APPLICABLE" box and skip to the next Subsection.</i> <input type="checkbox"/> NOT APPLICABLE	
1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
2. Name of Business Colewa Investments, LLC	3. Address of Business PO Box 279, Farmerville, LA 71241
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Rental Income, Sale of 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 type="checkbox"/> Spouse
2. Name of Business Farmerville Timbers Apartments, LLC	3. Address of Business PO Box 279, Farmerville, LA 71241
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Sale of Real Estate; Rental Income
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**

<i>If you or your spouse have received any other income that exceeds \$1,000, complete this Subsection. <u>You do not need to include information that was reported pursuant to the previous three Subsections.</u></i>	
<i>If none, check the "NOT APPLICABLE" box and skip to the next Section.</i> <input type="checkbox"/> 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

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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: 01/04/2018
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:	Investment Real Estate

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 checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Creditor's Name Capital One Bank	3. Creditor's Address 1680 Capital One Dr., McLean, VA 22102
4. Guarantor's Name (if applicable)	<input type="checkbox"/> NOT APPLICABLE

1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Creditor's Name Chase Bank	3. Creditor's Address 10 S Dearborn, Chicago, IL
4. Guarantor's Name (if applicable)	<input type="checkbox"/> NOT APPLICABLE

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: 01/04/2018
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:	Investment Real Estate

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 checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Creditor's Name Discover Bank	3. Creditor's Address Online
4. Guarantor's Name (if applicable)	<input checked="" type="checkbox"/> NOT APPLICABLE

1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Creditor's Name Origin Bank	3. Creditor's Address 200 North Main Street, Farmerville, LA 71241
4. Guarantor's Name (if applicable)	<input checked="" type="checkbox"/> NOT APPLICABLE

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: 01/04/2018
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:	Investment Real Estate

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	3. Creditor's Address 310 East Water Street, Farmerville, LA 71241
4. Guarantor's Name (if applicable)	<input checked="" type="checkbox"/> NOT APPLICABLE

1. Information Relates to:	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
2. Creditor's Name Marion State Bank	3. Creditor's Address PO Box 7, Marion, LA 71270
4. Guarantor's Name (if applicable)	<input checked="" type="checkbox"/> NOT APPLICABLE

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).

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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: 01/04/2018
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:	Investment Real Estate

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 Kubota Credit Corp	3. Creditor's Address online
4. Guarantor's Name (if applicable)	<input checked="" type="checkbox"/> NOT APPLICABLE

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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.

Bruce E. Hangston

Sworn to and subscribed before me
this 15th day of November, 2019.

Christy J. Walker
Notary Public Barroll #23587

My commission is for life.

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