

PERSONAL FINANCIAL DISCLOSURE

"TIER 1"

LSA-R.S. 42:1124

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought Secretary - Louisiana Department of Natural Resources / Governor's Legislative Director

Date of Election N/A Date of Qualifying N/A

Full Name of Filer: Scott Anthony Angelle

Full Name of Spouse: Dianne Bourque Angelle

Residence Address: 4349 Main Highway

Street		Apt. #
Breaux Bridge	Louisiana	70517
City	State	Zip Code

Spouse's Occupation: School Teacher - St. Genevieve School

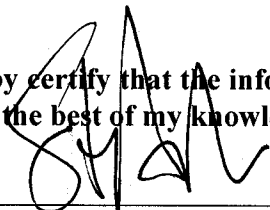
Principal Business Address of Spouse:

<u>201 Elizabeth Avenue</u>		
Street		Suite #
Lafayette	Louisiana	70501
City	State	Zip Code

- Select One: (A) I certify that I have filed my federal income tax return for the previous year.
 (A) I certify that I have filed for an extension of my federal income tax return for the previous year.
- Select One: (B) I certify that I have filed my state income tax return for the previous year.
 (B) I certify that I have filed for an extension of my state income tax return for the previous year.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.



Signature of Filer

Sworn to and subscribed before me this 15 day of May, 2008.

Notary Public

Printed Name: Sam R. Faircloth, Jr.

ID# 20645

Commission Expires @ Death

HAND DELIVERED

**SCHEDULE A
EMPLOYMENT INFORMATION**

Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name		State of Louisiana - Department of Natural Resources	Job Title	
			Secretary - LDNR	
Job Description		Serves as the executive head of LDNR with responsibility for the administration, control, operations, and functions of divisions in LDNR		
<hr/>				
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name		St. Genevieve School - Diocese of Lafayette	Job Title	
			School Teacher	
Job Description		Middle school teacher		
<hr/>				
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title	
Job Description				
<hr/>				
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title	
Job Description				
<hr/>				
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title	
Job Description				
<hr/>				
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer Name			Job Title	
Job Description				
<hr/>				

**SCHEDULE B
POSITIONS - BUSINESS**

Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in 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.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Amount of Interest <u>24.5</u> %
Name of Business <u>Mask, LLC</u>	
Address <u>Post Office Box 3265</u>	
Street	Suite #
<u>Lafayette</u>	<u>Louisiana</u>
City	State
<u>70502</u>	Zip Code
Business Description <u>Real estate development</u>	
Nature of Association <u>Board member</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Amount of Interest <u>100</u> %
Name of Business <u>Planning Strategies, LLC</u>	
Address <u>4349 Main Highway</u>	
Street	Suite #
<u>Breaux Bridge</u>	<u>Louisiana</u>
City	State
<u>70517</u>	Zip Code
Business Description <u>Inactive - never did any business</u>	
Nature of Association <u>Filer and spouse are board members</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest _____ %
Name of Business _____	
Address _____	
Street	Suite #
_____	_____
City	State
_____	Zip Code
Business Description _____	
Nature of Association _____	

**SCHEDULE C
POSITIONS - NONPROFIT**

Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization	Emergency Food and Shelter Program	Nature of Association
		Parish Chairman
Address		
Post Office Box 1513		
Street		Suite #
Breaux Bridge	Louisiana	70517
City	State	Zip Code
Organization Description	Provides shelter, food, and supportive services for hungry, homeless, and people in economic crisis	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization		Nature of Association
Address		
Street		Suite #
City	State	Zip Code
Organization Description		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization		Nature of Association
Address		
Street		Suite #
City	State	Zip Code
Organization Description		

**SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS**

Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ <u>129,209.6</u>
Name of Business, if applicable <u>State of Louisiana</u>	
Name of Source of Income <u>Louisiana Department of Natural Resources</u>	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>617 North Third Street</u>	
<u>Street</u>	<u>Suite #</u>
<u>Baton Rouge</u>	<u>Louisiana</u>
<u>City</u>	<u>State</u>
	<u>70804</u>
	<u>Zip Code</u>
<hr/> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	
Amount of Income \$ _____	
Name of Business, if applicable _____	
Name of Source of Income _____	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address _____	
<u>Street</u>	<u>Suite #</u>
<u>City</u>	<u>State</u>
	<u>Zip Code</u>
<hr/> <input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	
Amount of Income \$ _____	
Name of Business, if applicable _____	
Name of Source of Income _____	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address _____	
<u>Street</u>	<u>Suite #</u>
<u>City</u>	<u>State</u>
	<u>Zip Code</u>

**SCHEDULE E
INCOME**

Check if Not Applicable

The name, address, type, nature of services rendered, and amount of each source of income in excess of \$1,000 received by you or your spouse.

NOTE: If the income is derived from professional or consulting services and the disclosure of the name or address of the source of income is prohibited by law or by professional code, such income should be disclosed on Schedule F.

DO NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **INCOME SHALL BE REPORTED BY CATEGORY.**

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		I	II	III	IV	V	VI
Amount of Income:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Source of Income <u>State of Louisiana</u>		Type: <u>Annual Salary</u>					
Address <u>617 North Third Street</u>							
Street		Suite #					
<u>Baton Rouge</u>		<u>Louisiana</u>				<u>70804</u>	
City		State				Zip Code	
Nature of Services Rendered							
<u>Secretary of the Department of Natural Resources / Governor's Legislative Director</u>							

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		I	II	III	IV	V	VI
Amount of Income:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Source of Income <u>Farmers and Merchants Bank</u>		Type: <u>Board of Director's Payment</u>					
Address <u>100 South Main</u>							
Street		Suite #					
<u>Breaux Bridge</u>		<u>Louisiana</u>				<u>70517</u>	
City		State				Zip Code	
Nature of Services Rendered							
<u>Board Director</u>							

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		I	II	III	IV	V	VI
Amount of Income:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Source of Income <u>St. Genevieve School - Diocese of Lafayette</u>		Type: <u>Annual Salary</u>					
Address <u>201 Elizabeth Avenue</u>							
Street		Suite #					
<u>Lafayette</u>		<u>Louisiana</u>				<u>70501</u>	
City		State				Zip Code	
Nature of Services Rendered							
<u>School Teacher</u>							

SCHEDULE F
INCOME FROM CERTAIN PROFESSIONAL OR CONSULTING SERVICES

Check if no income was received from professional or consulting services for which the disclosure of the name or address of the source of income is prohibited by law or by professional code.

For income derived from professional or consulting services, including mental health, medical health, or legal services, when the disclosure of the name or address of the source of income is prohibited by law or by professional code, report the number of clients and amount of income for the applicable industry types below. **INCOME SHALL BE REPORTED BY CATEGORY.**

Industry Type	# of Clients	Amount						Individual, Spouse or Both
		I	II	III	IV	V	VI	
D-1 UTILITIES								
Electric		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cable television companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-2 TRANSPORTATION								
Intrastate companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pipeline companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil and gas exploration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil and gas production		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil and gas retailers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-3 FINANCE AND INSURANCE								
Banks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Savings and loan associations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loan and/or finance companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturing firms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mining companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life insurance companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Casualty insurance companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other insurance companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-4 RETAIL COMPANIES								
Beer companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wine companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor companies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beverage distributors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Industry Type	# of Clients	Amount	Individual, Spouse or Both
D-5 ASSOCIATIONS		I II III IV V VI	
Trade		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Professional		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D-6 OTHER (SPECIFY)		I II III IV V VI	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**SCHEDULE G
IMMOVABLE PROPERTY**

Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the address (if no address, then provide the location by state and parish or county), of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000. **VALUE SHALL BE REPORTED BY CATEGORY.**

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both								
			I	II	III	IV	V	VI		
			Value of Property:						<input type="checkbox"/>	<input type="checkbox"/>
Address 4349 Main Highway									<input type="checkbox"/>	<input type="checkbox"/>
Street									Suite #	
Breux Bridge			Louisiana						70517	
City			State/Country						Zip Code	
Property Description:										
1.51 acre lot and personal residence located at 4349 Main Highway, Breux Bridge, Louisiana										

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both								
			I	II	III	IV	V	VI		
			Value of Property:						<input type="checkbox"/>	<input type="checkbox"/>
Address Rees Street and LA 328									<input type="checkbox"/>	<input type="checkbox"/>
Street									Suite #	
Breux Bridge			Louisiana						70517	
City			State/Country						Zip Code	
Property Description:										
This is a 42.8 acre residential and commercial development in Breux Bridge, Louisiana. This tract is owned by MASK, LLC in which the filer owns a 24.5% interest										

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both								
			I	II	III	IV	V	VI		
			Value of Property:						<input type="checkbox"/>	<input type="checkbox"/>
Address 899 Rees Street									<input type="checkbox"/>	<input type="checkbox"/>
Street									Suite #	
Breux Bridge			Louisiana						70517	
City			State/Country						Zip Code	
Property Description:										
Eight acre commercial tract with buildings at 899 Rees Street, Breux Bridge, Louisiana. Property owned by Angelle Enterprises. Filer has a 1/32 "naked ownership" of Angelle Enterprises.										

**SCHEDULE G
IMMOVABLE PROPERTY**

Check if Not Applicable

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the address (if no address, then provide the location by state and parish or county), of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000. **VALUE SHALL BE REPORTED BY CATEGORY.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I II III IV V VI Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address 111 Rees Street	
Street	Suite #
Breaux Bridge	70517
City	State/Country Zip Code
Property Description: 2880 square foot tract and building at 111 Rees Street, Breaux Bridge, Louisiana. Property owned by Angelle Enterprises. Filer has a 1/32 "naked ownership" of Angelle Enterprises.	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I II III IV V VI Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address	
Street	Suite #
City	State/Country Zip Code
Property Description:	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I II III IV V VI Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Address	
Street	Suite #
City	State/Country Zip Code
Property Description:	

SCHEDULE H INVESTMENT HOLDINGS

Check if Not Applicable

The name, a brief description, and amount (**in value ranges by category**) of each investment security having a value exceeding \$1,000 held by you or your spouse, excluding 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 or cash equivalent investments. (NOTE: Exclude 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.)

Individual, Spouse, or Both	Name of Security	Description	Amount (categories)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SCHEDULE I TRANSACTIONS

Check if Not Applicable

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$1,000, of any immovable property AND of 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 commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount (categories)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV V VI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**SCHEDULE J
LIABILITIES**

Check if Not Applicable

The name and address of each creditor, amount, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000. **AMOUNT SHALL BE REPORTED BY CATEGORY.**

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- 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;
- 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.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability	Home Mortgage
Name of Creditor		Teche Federal Bank	
Address		Post Office Box 9670	
Street		New Iberia	
City		Louisiana	
Suite #		70562-9670	
Zip Code			
Name of Guarantor (if any)			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability	Personal Loan
Name of Creditor		Farmers & Merchants Bank	
Address		100 South Main Street	
Street		Breux Bridge	
City		Louisiana	
Suite #		70517	
Zip Code			
Name of Guarantor (if any)			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	Nature of Liability	
Name of Creditor			
Address			
Street			
City			
Suite #			
Zip Code			
Name of Guarantor (if any)			

**SCHEDULE K
OTHER OFFICES/POSITIONS**

Check if Not Applicable

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2 (Tier 2), Section 1124.2.1 (Tier 2.1) or Section 1124.3 (Tier 3) of the Code of Governmental Ethics. Please note that only one financial disclosure report shall be filed by the filer and such report shall be filed under the highest Tier (with Tier 1 being the highest, then Tier 2, then Tier 2.1 and Tier 3 being the lowest).

NAME OF POSITION OR OFFICE HELD:

Louisiana State Mineral Board Chairman

Coastal Protection and Restoration Authority Member

Coastal Protection and Restoration Financing Corporation Member

Oilfield Site Restoration Commission Member

Groundwater Resources Commission Chairman

Department of Interior Policy Committee Member

Information Technology Board Member

Louisiana Information Technology Group Member

Department of the Interior Royalty Policy Group Member

Louisiana State Technical Advisory Committee Member

Louisiana Sea Grant Advisory Council Member
