

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF ORLEANS

BEFORE ME, the undersigned authority, a notary public duly commissioned and qualified, personally came and appeared Lauren McHugh Rocha, who, being first duly sworn, did depose and state:

1. I am employed as a Deputy Judicial Administrator/General Counsel in the Office of the Judicial Administrator, Supreme Court of Louisiana. Our office is the custodian of all Personal Financial Disclosure Statements for Judges.
2. I have reviewed our files of 2008 and 2009 Personal Financial Disclosure Statements for Judges. Our files indicate that the attached 2008 Personal Financial Disclosure Statement totaling 10 pages, the attached 2009 Personal Financial Disclosure Statement totaling 7 pages, and the attached Amendment totaling 4 pages are true copies of the originals filed by Justice Chet D. Traylor in the Office of the Judicial Administrator, Supreme Court of Louisiana.


LAUREN MCHUGH ROCHA

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 23rd DAY
OF JULY, 2010.


NOTARY PUBLIC

LOUISIANA SUPREME COURT
PERSONAL FINANCIAL DISCLOSURE FORM

SECTION I: GENERAL INFORMATION

1. Person Reporting <i>(Last name, first, middle initial)</i> Traylor, Chet D.	2. Date of Report May 12, 2009	3. Reporting Period 2008
4. Title of Person Reporting Supreme Court Justice	5. Name of Court Louisiana Supreme Court	
6. Office Address 400 Royal Street, New Orleans, LA 70130		
7. Spouse's Name <i>(Last name, first, middle initial)</i> Traylor, Peggy A.	8. Spouse's Occupation <i>(if applicable)</i> Retired	<input type="checkbox"/> NOT APPLICABLE
9. Spouse's Office Address <i>(if applicable)</i>		<input checked="" 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: EMPLOYMENT

*Please provide the name of the employer, job title, and a brief job description of each full-time or part-time position held by you and your spouse for the preceding calendar year.
See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(3).*

1. Information Relates to:	<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
2. Position:	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
3. Name of Employer	Louisiana Supreme Court	
4. Job Title	Justice	
5. Brief Description of Employment	Louisiana Supreme Court Justice	

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 Employment		

SECTION III. INTERESTS IN BUSINESS ENTITIES

If you and/or your spouse are a director, officer, owner, partner, member or trustee in any business and own in excess of ten percent of such business, either individually or collectively, complete Section III. Otherwise, check the "NOT APPLICABLE" box and skip to the next Section. See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(4)(a).

		<input checked="" type="checkbox"/> NOT APPLICABLE	
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"/> Partner	<input type="checkbox"/> Officer <input type="checkbox"/> Member	<input type="checkbox"/> Owner <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"/> Partner	<input type="checkbox"/> Officer <input type="checkbox"/> Member	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee

SECTION IV. INVOLVEMENT IN NONPROFIT ORGANIZATIONS

If you and/or your spouse are a director or officer of a nonprofit organization, complete Section IV. See Rules of the La. Supreme Ct., Part N, Rule XXXIX, Section 2(C)(4)(b).

		<input checked="" type="checkbox"/> NOT APPLICABLE	
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	
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 V. 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 only if either you or your spouse, or if any business in which you or your spouse, either individually or collectively, own more than a ten percent interest, receives any source of income from services performed for or in connection with a gaming interest, or from the state or any political subdivision. (See Definitions for the definition of gaming interest or political subdivision.)

Otherwise, 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 Source of Income		<input type="checkbox"/> Business in which Filer and/or Spouse owns 10% interest
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:		\$152,018.02
1. Information Relates to:		<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
2. Name of Source of Income		<input type="checkbox"/> Business in which Filer and/or Spouse owns 10% interest
		3. Address of Source of Income:
4. Type of Income Received:	<input type="checkbox"/> State or Political Subdivision	<input type="checkbox"/> Services Performed for or in Connection with a Gaming Interest
5. Specific Amount of Income Received:		
1. Information Relates to:		<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
2. Name of Source of Income		<input type="checkbox"/> Business in which Filer and/or Spouse owns 10% interest
		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 and address of any employer who provided income to you or your spouse pursuant to full-time or part-time employment. In your response, include a brief description of the nature of the services rendered pursuant to such employment and the amount of such income. You do not need to include information that was reported pursuant to the previous Subsection.

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

1. Information Relates to: <input type="checkbox"/> Filer <input type="checkbox"/> Spouse	2. Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3. Name of Employer	4. Address of Employer:
5. Job Title	
6. Brief Description of the Nature of Services Rendered	
7. 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
<hr/>	
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. Address of Employer:
5. Job Title	
6. Brief Description of the Nature of Services Rendered	
7. 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
<hr/>	
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. Address of Employer:
5. Job Title	
6. Brief Description of the Nature of Services Rendered	
7. 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 type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse
2. Name of Business	3. Address of Business
Peggy M. Taylor	Winnsboro, LA 71295
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Professional Wagers
5. 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. Name of Business	3. Address of Business
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	
5. 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

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 checked="" type="checkbox"/> Spouse
2. Type of Other Income	Rentals
3. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Apartments / Real Estate
4. 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
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

SECTION VI. 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 (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	<input type="checkbox"/> NOT APPLICABLE
2. Location of Immovable Property		<i>Parish/County</i>	<i>State</i>		
Orleans Parish			Louisiana		
3. Brief Description of Immovable Property		Condominium			
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 checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	
2. Location of Immovable Property		<i>Parish/County</i>	<i>State</i>		
Tensas Parish			Louisiana		
3. Brief Description of Immovable Property		Lake House and Lot			
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 checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both	
2. Location of Immovable Property		<i>Parish/County</i>	<i>State</i>		
Franklin Parish			Louisiana		
3. Brief Description of Immovable Property		Apartments			
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 checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both	
2. Location of Immovable Property		<i>Parish/County</i>	<i>State</i>		
Franklin Parish			Louisiana		
3. Brief Description of Immovable Property		Residence			
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		

SECTION VII. 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.

		<input checked="" type="checkbox"/> 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				
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				
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 VIII. 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 your answer is none, check the "NOT APPLICABLE" box and skip to the next Section.

<input type="checkbox"/> NOT APPLICABLE	
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:	
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:	
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:	
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 IX. 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.

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

PERSONAL FINANCIAL DISCLOSURE AFFIDAVIT

The law requires the personal financial disclosure statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

STATE OF LOUISIANA
PARISH OF *Richmond*

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

Crest D. Tompkins

who, upon first being duly sworn, did depose and say that the information contained in this Personal Financial Disclosure form is true and correct to the best of his/her knowledge, information, and belief. He/She has either filed his/her federal and state income tax returns or has filed an extension of time for filing such tax returns.

[Signature]

Sworn to and subscribed before me
this *12th* day of *May*, 20 *09*.

[Signature]
Notary Public



L.W. PICKETT, JR.
NOTARY PUBLIC, ID# 16442
PARISH OF RICHLAND
P.O. BOX 365
DELHI, LA 71232-0365