

**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> Traylor, Chet D	2. Date of Report July 06, 2010	3. Reporting Period 2009
4. Title of Person Reporting Retired Supreme Court Justice		5. Name of Court Louisiana Supreme Court
6. Office Address		
7. Spouse's Name <i>(Last name, first, middle initial)</i> Traylor, Peggy A	8. Spouse's Current Occupation <i>(if applicable)</i> Deceased	<input checked="" type="checkbox"/> NOT APPLICABLE <input checked="" type="checkbox"/> NOT APPLICABLE
9. Spouse's Current Office Address <i>(if applicable)</i> <input checked="" type="checkbox"/> NOT APPLICABLE <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. 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 checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both	
2. Name of Business Traylor Corporation	3. Address of Business: 4116 Chauvin Lane Monroe, LA 71201-2057			
4. Brief Description of, and Amount of Interest in, Business Legal Services, 100% ownership, formed after retirement				
5. Nature of Association with Business	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Trustee
	<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"/> Trustee
	<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

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 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 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 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 LA Supreme Court Salary	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:	67263.35

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Business in which Filer and/or Spouse owns more than a 10% interest
2. Name of Source of Income	3. Address of Source of Income:
4. Type of Income Received:	<input type="checkbox"/> State or Political Subdivision <input type="checkbox"/> Services Performed for or in Connection with a Gaming Interest
5. Specific Amount of Income Received:	
1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse 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 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"/> \$25,000 - \$100,000	<input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> MORE THAN \$100,000	
1. Information Relates to:	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	2. Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3. Name of Employer		4. 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"/> \$25,000 - \$100,000	<input type="checkbox"/> \$5,000 - \$24,999 <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 type="checkbox"/> Spouse
2. Name of Business	3. Address of Business		
Taylor Corporation	4116 Chauvin Lane Monroe, LA 71201-2057		
4. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Legal Services		
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 type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse
2. Name of Business	3. Address of Business		
Peggy A Traylor	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		

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 checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
2. Type of Other Income	LA State Employee's Retirement System		
3. Brief Description of the Nature of Services Rendered, or, if none, the Reason Such Income was Received	Retirement		
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 checked="" type="checkbox"/> MORE THAN \$100,000		
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/Properties		
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		

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>		State		
Orleans Parish				
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>		State		
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	

SECTION VI. INVESTMENT SECURITIES

If you or your spouse holds(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.

1. Information Relates to:		<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
2. Name of Investment Security		<input type="checkbox"/> NOT APPLICABLE		
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 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 checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both
2. Location of Immovable Property		FRANKLIN PARISH LA		
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"/> MORE THAN \$100,000
		<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		FRANKLIN PARISH LA		
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"/> MORE THAN \$100,000
		<input type="checkbox"/> \$25,000 - \$100,000	<input checked="" 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.

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 type="checkbox"/> Both
2. Type:	3. Date of Purchase or Sale:
<input type="checkbox"/> Purchase <input type="checkbox"/> 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:	3. Date of Purchase or Sale:
<input type="checkbox"/> Purchase <input type="checkbox"/> 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 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	

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:

Chet A. Craylar

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 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 6th day of July, 2015

[Signature]
Notary Public



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

Amendment Pursuant
to Supreme Court,
Part N, Rule XXXIX.

**COVER SHEET FOR AMENDMENT TO
LOUISIANA SUPREME COURT
PERSONAL FINANCIAL DISCLOSURE FORM
FOR JUDGES**

In order to amend your initial disclosure, you must submit this cover sheet and the pertinent page of the amended Personal Financial Disclosure Form, along with the notarized affidavit, to the Office of the Judicial Administrator.

A. GENERAL INFORMATION

1. Person Filing Amendment <i>(Last name, first, middle initial)</i> Traylor, Chet	2. Date of Initial Report July 6, 2010	3. Date of Amendment to Initial Report July 7, 2010
4. Name of Court Louisiana Spreme Court	5. Office Address 400 Royal Street, New Orleans, Louisiana 70130	
6. Are You filing this Amendment Prior to the Receipt of a Notice of Delinquency? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Date of Notice of Delinquency <input type="checkbox"/> NOT APPLICABLE	

B. AMENDMENTS TO PERSONAL FINANCIAL DISCLOSURE FORM

1. A. What Section of Your Personal Financial Disclosure Form is Being Amended? Reclassifying Retirement Income	B. Please Explain, in Detail, the Change Being Made to Your Personal Financial Disclosure Form and Attach the Pertinent Page of the Amended Personal Financial Disclosure Form. Amending Section IV, Subsection A to provide specific income amount for Louisiana State Employees Retirement Income
2. A. What Section of Your Personal Financial Disclosure Form is Being Amended?	B. Please Explain, in Detail, the Change Being Made to Your Personal Financial Disclosure Form and Attach the Pertinent Page of the Amended Personal Financial Disclosure Form.
3. A. What Section of Your Personal Financial Disclosure Form is Being Amended?	B. Please Explain, in Detail, the Change Being Made to Your Personal Financial Disclosure Form and Attach the Pertinent Page of the Amended Personal Financial Disclosure Form.

4. A. What Section of Your Personal Financial Disclosure Form is Being Amended?
B. Please Explain, in Detail, the Change Being Made to Your Personal Financial Disclosure Form and Attach the Pertinent Page of the Amended Personal Financial Disclosure Form.
5. A. What Section of Your Personal Financial Disclosure Form is Being Amended?
B. Please Explain, in Detail, the Change Being Made to Your Personal Financial Disclosure Form and Attach the Pertinent Page of the Amended Personal Financial Disclosure Form.

PERSONAL FINANCIAL DISCLOSURE AFFIDAVIT

STATE OF LOUISIANA
PARISH OF

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

Chat A. Troy

who, upon first being duly sworn, did depose and say that the information contained in this Cover Sheet for Amendment to Louisiana Supreme Court Personal Financial Disclosure Form for Judges, and the attached amended Personal Financial Disclosure Form, is true and correct to the best of his/her knowledge, information, and belief.

[Signature]

Sworn to and subscribed before me
this 7 day of July, 2008.

[Signature]
Notary Public



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

Print Form

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 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 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 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:	67263.25

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1. Information Relates to:		<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse
		Business in which Filer and/or Spouse owns more than a 10% interest
2. Name of Source of Income LA State Employees Retirement System P O Box 44213 Baton Rouge, LA 70804-1295		
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:		236900.56
1. Information Relates to:		
		<input type="checkbox"/> Filer <input type="checkbox"/> Spouse
		Business in which Filer and/or Spouse owns more than a 10% interest
2. Name 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:		2. Position	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<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"/> \$25,000 - \$100,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> MORE THAN \$100,000	
1. Information Relates to:		2. Position	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<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"/> \$25,000 - \$100,000 <input type="checkbox"/> \$5,000 - \$24,999 <input type="checkbox"/> MORE THAN \$100,000	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY