

LOUISIANA BOARD OF ETHICS

Mail: P.O. Box 4368, Baton Rouge, LA 70821

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**(ANNUAL) TIER 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT**THIS REPORT COVERS CALENDAR YEAR: 2022☒ ORIGINAL REPORT☐ AMENDED REPORT☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY __, 20__)

Final reports must be filed on or before May 15 of the year in which your service to that office ends.

Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

ELECTED OFFICE POSITION OR CHARTER SCHOOL NAME: Mayor Town of CullenDate of Appointment/Term: Jan. 1, 2021Date Appointment Expires/Term Ends: 4 yrs

NAME (print full name):

James Terry Hoof

MAILING Address:

P.O. Box 883

City, State, Zip:

Springhill, La. 71075

Name of Spouse (if applicable) (print full name):

Denise Epps - Hoof

Spouse's Occupation:

Apartment Manager

Principal Business Address:

2 N. Collins Street

City, State Zip:

Cullen, La. 71021**CHECK ALL THAT APPLY**☒ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.☒ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.

NOTE: La. R.S. 42:1124.3 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

CERTIFICATION OF ACCURACY

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

James Terry Hoof

SIGNATURE OF FILER

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☒ Filer	☐ Spouse	☒ Full-Time	☐ Part-Time
Name of Employer: <u>Terry's lawn and landscaping</u>			
Job Title: <u>Owner / Operator</u>			
Job Description: <u>Provides lawn care to customers.</u>			
☐ Filer	☒ Spouse	☒ Full-Time	☐ Part-Time
Name of Employer: <u>NDC Asset Mgmt. LLC.</u>			
Job Title: <u>Apartment Manager</u>			
Job Description: <u>Manage 50 units for Elderly, Handicap and Disabled persons.</u>			
☐ Filer	☐ Spouse	☐ Full-Time	☐ Part-Time
Name of Employer: _____			
Job Title: _____			
Job Description: _____			
☐ Filer	☐ Spouse	☐ Full-Time	☐ Part-Time
Name of Employer: _____			
Job Title: _____			
Job Description: _____			

- You are required to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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(Income which exceeded \$250 from each source)

☒ Filer ☐ Spouse
Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest
Name of Income Source: <u>Town of Cullen (Mayor)</u>
Address: <u>405 Gayle Street</u> <u>P.O. Box 679</u>
City, State, Zip: <u>Cullen, La. 71021</u>
Amount of Income (exact dollar amount): \$ <u>1000.00 monthly</u>
☐ Filer ☒ Spouse
Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest
Name of Income Source: <u>Town of Cullen (Alderman)</u>
Address: <u>405 Gayle Street</u> <u>P.O. Box 679</u>
City, State, Zip: <u>Cullen, La. 71021</u>
Amount of Income (exact dollar amount): \$ <u>300.00 monthly</u>
☐ Filer ☐ Spouse
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____
☐ Filer ☐ Spouse
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definition for (and examples of) political subdivision, gaming interest, and business are found in the *Instructions Section* of this form.

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(Income which exceeded \$250 from each source)

☒ Check if not applicable

☐ Business Name of business: _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Business Name of business: _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Business Name of business: _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Business Name of business: _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.

"Income" (for a business) means gross income less costs of goods sold, and operating expenses.

The definition for gaming interest and business are found in the *Instructions Section* of this form.

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☐ Business	Name of business: _____
Amount or Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	

☐ Business	Name of business: _____
Amount or Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	

☐ Business	Name of business: _____
Amount or Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	

☐ Business	Name of business: _____
Amount or Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- The definition for business and political subdivision are found in the *Instructions Section* of this form.