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: 2024

☑ 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

Date of Appointment/Term: 1.1.25
Date Appointment Expires/Term Ends: 12.31.29

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 M. Epps - Hoof
Spouse's Occupation: Alderman
Principal Business Address: P.O. Box 142
City, State Zip: Cullen, La. 71021

CHECK ALL THAT APPLY
☑ I have filed my federal income tax return for the year listed above.
☐ I have filed for an extension of my federal income tax return for the year listed above.
☑ I have filed my state income tax return for the year listed above.
☐ I have filed for an extension of my state income tax return for the year listed above.

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

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://cap.ethics.la.gov/FileUpload

Schedule A: Employment Information

☐ Check if not applicable

☐Filer ☐Spouse ☑Full-Time ☐ Part-Time
Name of Employer: Terry's lawn and landscaping.
Job Title: Owner | Operator
Job Description: provide lawncare to customers

☐Filer ☐Spouse ☐Full-Time ☑Part-Time
Name of Employer: Mayor Town of Cullen
Job Title: Mayor
Job Description: Oversee daily responsibilities of the Town of Cullen and staff.

☐Filer ☑Spouse ☐Full-Time ☐ Part-Time
Name of Employer: Phoenix Property Management
Job Title: Apartment Manager
Job Description: Manage 50 unit Low-income base units for handicap, elderly and disabled residents.

☐Filer ☑Spouse ☐Full-Time ☐Part-Time
Name of Employer: Town of Cullen
Job Title: Alderman
Job Description: Governing board member that oversees the Town of Cullen.

- **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.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule B: Filer/Spouse Income from the State, Political Subdivisions, and/or Gaming Interests

(Income which exceeded $250 from each source)

☐ Check if not applicable

☑ Filer ☐ Spouse

Type of Income: ☐ State ☑ Political Subdivision ☐ Gaming Interest

Name of Income Source: Town of Cullen (Mayor)

Address: 405 Coyle Street / P.O. Box 679

City, State, Zip: Cullen, La. 71021

Amount of Income (exact dollar amount): $ $1,000.00 monthly

☐ Filer ☑ Spouse

Type of Income: ☐ State ☑ Political Subdivision ☐ Gaming Interest

Name of Income Source: Town of Cullen

Address: 405 Coyle Street / P.O. Box 679

City, State, Zip: Cullen, La. 71021

Amount of Income (exact dollar amount): $ 300.00

☐ 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.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

Schedule C: INCOME FROM GAMING INTERESTS TO BUSINESS

(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.**

LOUISIANA BOARD OF ETHICS
Mail: P.O. Box 4368, Baton Rouge, LA 70821
Fax: 225-381-7271
Upload: https://eap.ethics.la.gov/FileUpload

SCHEDULE D: CONTRACT BETWEEN BUSINESS AND STATE/POLITICAL SUBDIVISION

☐ Check if not applicable.

☐ 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.**