

LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

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LOUISIANA BOARD OF ETHICS Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

This Report Covers Calendar Year: 2015

[X] ORIGINAL REPORT

[ ] AMENDED REPORT

[ ] I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.

As such, I have completed SCHEDULE D.

Name of Filer (print full name): Wilbur L. Stiles, III

Mailing Address: 3108 W. Old Spanish Trail

City, State, Zip: New Iberia, Louisiana, 70560

Name of Board/Commission (no abbreviations): State Bond Commission, Tobacco Settlement Financing Board

Date of Appointment: January 11, 2016

Date Appointment Expires: January 11, 2020

Name of Spouse (print full name): Christy F. Stiles

Spouse's Occupation: Teacher

Principal Business Address: 708 Angers Street

City, State, Zip: New Iberia, Louisiana, 70560

CHECK ONE:

- [X] Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
[ ] I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

- [X] 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.
[X] 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.

NOTE: La. R.S. 42:1124.2.1 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.

Handwritten signature of the filer.

Signature of Filer

www.ethics.la.gov

Fax Received 11:34:36 2016-05-13

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### Schedule A: Employment Information

Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>District Attorney, 16th Judicial District</u>			
Job Title: <u>Assistant District Attorney</u>			
Job Description: <u>Same</u>			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>Wilbur L. Stiles, III, Attorney at Law, LLC</u>			
Job Title: <u>Attorney</u>			
Job Description: <u>Attorney</u>			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>Backwater Advisory Group, LLC</u>			
Job Title: <u>Consultant</u>			
Job Description: <u>Consultant</u>			
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Employer: <u>Highland Baptist Christian School</u>			
Job Title: <u>Teacher</u>			
Job Description: <u>Teacher</u>			

- 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.
- Self-employment information is reported on Schedule B.

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### Schedule B: Positions - Business

Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>100</u> %		
Name of Business: <u>Wilbur L. Stiles, III, Attorney At Law, LLC</u>		
Address: <u>3108 W. Old Spanish Trail</u>		
City, State, Zip: <u>New Iberia, Louisiana 70560</u>		
Business Description: <u>Law Office</u>		
Nature of Association: <u>Attorney</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): <u>50</u> %		
Name of Business: <u>Backwater Advisory Group, LLC</u>		
Address: <u>720 St. Nazaire Road</u>		
City, State, Zip: <u>Broussard, Louisiana, 70518</u>		
Business Description: <u>Consulting Firm</u>		
Nature of Association: <u>Managing Member</u>		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (where interest exceeds 10%): _____ %		
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.  
 \* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

<p align="center"><b>LOUISIANA BOARD OF ETHICS</b>          Post Office Box 4368          Baton Rouge, Louisiana 70821</p>
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### Schedule C: Positions - Nonprofit

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
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<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
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<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
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\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.  
 Revised November 2014 Form 417 [www.ethics.la.gov](http://www.ethics.la.gov)

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### Schedule D: Other Offices/Positions Held

Check if not applicable

Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____
Name of Office/Position:	_____

\*You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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## Schedule E: Income from the State, Political

Check if not applicable **Subdivisions and/or Gaming Interests**

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): State of Louisiana

Name of Income Source: OSUP, Assistant District Attorney

Address: P.O. Box 94095

City, State, Zip: Baton Rouge, Louisiana, 70804-9095

Amount of Income (exact dollar amount): \$ 45,000.02

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): District Attorney, 16th JDA

Name of Income Source: District Attorney's Office

Address: 300 Iberia Street

City, State, Zip: New Iberia, Louisiana, 70560

Amount of Income (exact dollar amount): \$ 20,391.94

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): Iberia Parish Government

Name of Income Source: Iberia Parish Government

Address: 300 Iberia Street, Suite 400

City, State, Zip: New Iberia, Louisiana 70560

Amount of Income (exact dollar amount): \$ 3,162.12

\* You are required to complete SCHEDULE E 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 OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.  
 \* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.  
 \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.  
 \* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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## Schedule E: Income from the State, Political

Check if not applicable      **Subdivisions, and/or Gaming Interests**

Filer       Spouse       Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): St. Mary Parish Government

Name of Income Source: St. Mary Parish Government

Address: 500 Main Street, Fifth Floor - Courthouse

City, State, Zip: Franklin, La. 70538

Amount of Income (exact dollar amount): \$ 3,301.29

Filer       Spouse       Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): St. Martin Parish Government

Name of Income Source: St. martin Parish Government

Address: P.O. Box 9

City, State, Zip: St. Martinville, Louisiana, 70582

Amount of Income (exact dollar amount): \$ 2,420.04

Filer       Spouse       Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE E 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 OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.  
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## Schedule E: Income from the State, Political

Check if not applicable **Subdivisions, and/or Gaming Interests**

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

Filer     Spouse     Business (where amount of interest exceeds 10%)

Type of Income:     State     Political Subdivision     Gaming Interest

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE E 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 OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.  
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### Schedule F: Contributions

Check if not applicable (made within one year of appointment - in excess of \$1,000)

Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution or Loan: \$ _____	
Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution or Loan: \$ _____	
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Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution or Loan: \$ _____	
Date of Appointment: _____ Compensation: \$ _____ Candidate Name: _____ Amount of Contribution or Loan: \$ _____	

\* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of \$1,000 to the campaign of the official who appointed you.

\* You are only required to disclose contributions or loans made within one year of appointment.

\* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

\* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

\* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.