

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

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2019

- ORIGINAL REPORT
 AMENDED REPORT

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

Office Sought: Public Service Commissioner - Dist 1 Incumbent: Yes No
 Date of Election: November 5, 2020

Name of Filer (print full name): Eric G Skimetta

Mailing Address: PO Box 55896

City, State, Zip: Metairie LA 70055

Name of Spouse (if applicable) (print full name): Deborah Gibson Skimetta

Spouse's Occupation: N/A

Spouse's Principal Business Address: _____

City, State Zip: _____

Check all that apply:

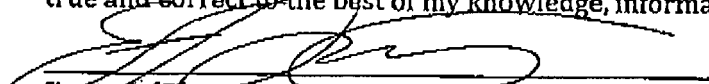
- I have filed my state income tax return for the previous year.
- I have filed for an extension of my state income tax return for the previous year.
- I have filed my federal income tax return for the previous year.
- I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

- I am a candidate in an election to be held prior to April 15 and I have not filed my tax return for the previous year.

Certificate 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, information, and belief.



 Signature of Filer

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Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: State of Louisiana

Job Title: Public Service Commissioner

Job Description: Elected position to represent District 1 on LPSC

Filer Spouse Full-Time Part-Time

Name of Employer: Self

Job Title: Attorney at Law

Job Description: Legal services for clients

Filer Spouse Full-Time Part-Time

Name of Employer: Self

Job Title: Screenwriter

Job Description: writer of original scripts + editor to existing scripts

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

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SCHEDULE B: POSITIONS – BUSINESS

Check if not applicable

Filer Spouse Both

Amount of Interest: 100 %

Name of Business: EG Skemetta

Address: PO Box 55896

City, State, Zip: Metairie LA 70055

Business Description: inactive - holding for future use

Nature of Association: member

Filer Spouse Both

Amount of Interest: 100 %

Name of Business: New Orleans Distillers

Address: PO Box 55896

City, State, Zip: Metairie LA 70055

Business Description: producer of spirits

Nature of Association: managing member

Filer Spouse Both

Amount of Interest: 33 %

Name of Business: Basshole LLC

Address: PO Box 55896

City, State, Zip: Metairie LA 70055

Business Description: film management co - inactive

Nature of Association: member

Filer Spouse Both

Amount of Interest: 50 %

Name of Business: Bersine Creative Management LLC

Address: PO Box 55896

City, State, Zip: Metairie LA 70055

Business Description: film management co - inactive

Nature of Association: member

* 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.

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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: <u>33</u> % Name of Business: <u>Ediguna, Skimetta, M^cManus LLC</u> Address: <u>PO Box 55896</u> City, State, Zip: <u>Metairie LA 70055</u> Business Description: <u>film management co - inactive</u> Nature of Association: <u>member</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>100</u> % Name of Business: <u>EFS Collection LLC</u> Address: <u>PO Box 55896</u> City, State, Zip: <u>Metairie LA 70055</u> Business Description: <u>equipment holding co</u> Nature of Association: <u>member</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>50</u> % Name of Business: <u>Skimetta Machinery Co</u> Address: <u>501 Destrehan Ave</u> City, State, Zip: <u>Harvey LA 70058</u> Business Description: <u>inactive co - produced seafood equipment</u> Nature of Association: <u>President</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>25</u> % Name of Business: <u>Skimetta MS LLC</u> Address: <u>1356 E. Second St</u> City, State, Zip: <u>Pass Christian MS 39571</u> Business Description: <u>real estate holding co</u> Nature of Association: <u>member</u>

* 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.

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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: <u>50</u> % Name of Business: <u>Skimetta Group</u> Address: <u>PO Box 55896</u> City, State, Zip: <u>Metairie LA 70055</u> Business Description: <u>real estate holding co</u> Nature of Association: <u>President</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: _____ % 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.

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Schedule C: Positions – Nonprofit

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: <u>LA Soap Box Derby</u> Address: <u>PO Box 55896</u> City, State, Zip: <u>Metairie LA 70055</u> Nature of Association: <u>Revival of old Soap Box Derby tournaments</u> Description of Organization: <u>inactive at this time. hope to start it in future</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

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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: _____

***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: Immovable Property

(where the value of the interest in the parcel exceeds \$2,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Location of Property: State: _____ Parish/County: _____ Description of Property: _____ Value of the Interest in the Parcel: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

***You are required to disclose the location by state and parish/county.**

*** You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)**

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Schedule F: Income from the State, Political Subdivisions, and/or Gaming Interests

Check if not applicable

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: PSC Commissioner - District 1 Income
 Address: 602 N 5th St 12th Floor PO Box 91154
 City, State, Zip: Baton Rouge LA 70821
 Amount of Income (exact dollar amount): \$ 54,299.99

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 F 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 G: Income Received from Employment

Check if not applicable

Filer Spouse Full-time Part-time
 Name of Employer: Eric Skimetta, Attorney @ Law
 Address: PO Box 55896
 City, State, Zip: Metairie LA 70055
 Nature of Services (pursuant to such employment): Legal services for clients
 Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Full-time Part-time
 Name of Employer: Eric Skimetta, Screenwriter
 Address: PO Box 55896
 City, State, Zip: Metairie LA 70055
 Nature of Services (pursuant to such employment): production/editing movie scripts
 Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Full-time Part-time
 Name of Employer: _____
 Address: _____
 City, State, Zip: _____
 Nature of Services (pursuant to such employment): _____
 Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

Filer Spouse Full-time Part-time
 Name of Employer: _____
 Address: _____
 City, State, Zip: _____
 Nature of Services (pursuant to such employment): _____
 Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
 Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

- * You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- * Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

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Schedule H: Income Received From Business

Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:

- Category I (less than \$5,000)
- Category II (\$5,000-\$24,999)
- Category III (\$25,000-\$100,000)
- Category IV (more than \$100,000)

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: <u>Skymetta MS, LLC</u> Address: <u>1356 E 2nd St</u> City, State, Zip: <u>Pass Christian MS 39571</u> Nature of services rendered or reason income was received: <u>rental income</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Business: _____ Address: _____ City, State, Zip: _____ Nature of services rendered or reason income was received: _____

- *You are required to complete SCHEDULE H if you or your spouse received income from a business.
- *"Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- *Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.
- *Income received through *self-employment* is reported on SCHEDULE H.
- *"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.

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Schedule I: Other Income (any other income that exceeds \$1,000)

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: _____ _____ Nature of services rendered or reason income was received: _____ _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: _____ _____ Nature of services rendered or reason income was received: _____ _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Description of Income: _____ _____ Nature of services rendered or reason income was received: _____ _____ Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

***You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.**

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

***You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.**

***Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.**

***Income from retirement accounts not reported on Schedule F should be included on Schedule I.**

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Schedule J: Investment Holdings (an investment holding that exceeds \$5,000)

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <u>Universal Display</u> Description of Security: <u>Stock</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: _____ Description of Security: _____

* You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

*You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

*You are not required to disclose 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.

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Schedule K: Transactions (a transaction that exceeds \$5,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)

* You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, 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 commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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Schedule L: Liabilities (a liability that exceeds \$10,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Creditor: _____ Address: _____ City, State, Zip _____ Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

* You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

**"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.