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## CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**  
☐ **RECONSIDERATION REQUEST**

**DATE: 9/2/2020**  
**DOCKET #:**

### FILER INFORMATION

Name: Roger Duncan  
Office: Councilman, District 10  
Parish: IBERIA  
Election Date: 10/12/2019  
Level of Office: Any

### REPORT INFORMATION

Name of Report: 40-G  
Original Due Date: 12/27/2019  
Date Filed: 1/4/2020  
Activity Receipts: \$-0  
Expenditures: \$-0  
Funds at Close of Reporting Period: \$-0

### LATE FEE INFORMATION

Amount of Late Fee: \$320  
Days Late: 8  
Late Fee Order Received: 3/10/2020  
Payment/Waiver Request Due Date: 3/30/2020  
Waiver Request Received: 3/23/2020  
Additional Information Requested:  
- Medical  
XX - Financial  
XX - Other

COMMENTS: Roger Duncan request a waiver and states the following: He had a family sickness which resulted in a family death. Circumstances were overwhelming and created a problem for him to follow through on his filing required deadline. Also, at this time there income is down due to the Corona Virus pandemic.

### OTHER LATE FEE INFORMATION

#### Campaign Finance:

Other Outstanding Reports: No  
Other Outstanding Late Fees: No  
Prior Late Fees: Yes  
Reassessed Late Fees: No

#### Disclosure Statements:

Other Outstanding Late Fees: No  
Prior Late Fees: No

March 13, 2020

To Whom It May Concern:

Attn: LA Board of Ethics

I am requesting a wavier of \$320<sup>00</sup>  
The report was filed 8 days late, at the  
time we had a family sickness which  
resulted in a family death. Circumstances  
were overwhelming + created a problem  
for me to follow thru on my filing  
requirement deadline

Please review + your consideration  
is much appreciated. Also at this  
time income is down due to this

Corona Virus pandemic. Please help!

Thank you,  
Roger Duncan

Ph 337-658-7573

**STATE OF LOUISIANA LOUISIANA BOARD OF ETHICS**  
**acting in its capacity as the**  
**SUPERVISORY COMMITTEE ON CAMPAIGN FINANCE DISCLOSURE**

**In Re:        *Roger Duncan***  
**October 12, 2019 Election**

**LATE FEE ASSESSMENT ORDER**

**WHEREAS**, Roger Duncan, in his capacity as a candidate for Councilman, District 10 in the October 12, 2019 election was required to file campaign finance reports pursuant to La. R. S. 18:1484.

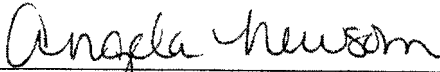
**WHEREAS**, La. R.S. 18:1505.1 provides that it is a violation of the Campaign Finance *Disclosure Act* to fail to timely file campaign finance reports.

**WHEREAS**, in accordance with La. R.S. 18:1495.4B(6), Roger Duncan was required to file a 40th Day After General Report (40-G) by December 27, 2019. Roger Duncan filed the report on January 4, 2020 and was 8 days late.

**WHEREAS**, La. R.S. 18:1505.4A(2)(a)(iii) provides that an automatic late fee of \$40 per day (not to exceed \$1,000) be assessed against Roger Duncan for this late filing.

**ACCORDINGLY, IT IS ORDERED** that a late fee of \$320 is assessed against Roger Duncan for failure to timely file his campaign finance disclosure report.

**ORDER** signed on the 6th day of March 2020 at Baton Rouge, Louisiana.

  
\_\_\_\_\_  
Angela Newsom, Director  
Campaign Finance & Lobbying Division

Roger Duncan  
P.O. Box 52  
Lydia, Ca  
70569

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UNITED STATES

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La Board of Ethics

P.O. Box 4368

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STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
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(225) 219-5600  
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[www.ethics.la.gov](http://www.ethics.la.gov)

September 3, 2020

Roger Duncan  
P.O. Box 56  
Lydia, LA 70569

**RE: Ethics Board Docket No.:**

Dear Roger Duncan:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the October 12, 2019 election. In the request, you stated that you had a family member passing away and because of COVID -19 your income was decreased. If you would like the Board to consider your medical and financially situation, you must provide documentation verifying your claim. In reference to your financial situation, please complete the enclosed form and provide proof of documentation of your decreased income.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **October 2, 2020**.

Sincerely,

**Melissa Horn**

Docket ID: 2020-

Financial Statement for \_\_\_\_\_ (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): \_\_\_\_\_

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for \_\_\_\_\_ (Filer Name)

## Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
<b>Total Monthly Income</b>		

## Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses	(Provide Description)	
<b>Total Monthly Expenses</b>		