(Year)

2.

That I am a ☑ Chief Executive ☐ Board Member ☐ Commissioner (check one) of the Hospital Service District #1 dba Tri-Parish General Hosp. (Name of Hospital Service District or Public Trust Authority) and have served in this capacity since 04/01/1994 (Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, his spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:

Name of Immediate Family Member: Doris Williams
Relation of Immediate Family Member: Friend
Position held by Immediate Family Member: Medicare/Medicaid Clerk
Date employed (month, day, year): 03/03/1984
Applicable Exception (check all that apply):

X Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority

____ Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics

____ Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed physician or registered nurse.

Signature, Chief Executive, Hospital Board Member or Commissioner

NOTE: These disclosure statements are due by **January 30th of each year** that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information so disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of $50.00 per day, with a maximum penalty of $1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.