

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

This Report Covers Calendar Year: 2011

- 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 L.

Office/Position Held State Representative District 61

Name of Filer (print full name) Alfred C. Williams

Mailing Address 1006 Waverly Drive

City, State, Zip Baton Rouge, LA 70806

Name of Spouse (print full name) N/A

Spouse's Occupation _____

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.
- I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Alfred C. Williams
Signature of Filer

Sworn to and subscribed before me this 15th day of May, 2012

Andrew M. Lamb
Notary Public (print name)

Andrew M. Lamb
Notary Public (signature)

ID# 25747

Date Commission Expires upon death

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Schedule A: Employment Information

Filer Spouse Full-Time Part-Time

Job Title: Attorney

Name of Employer: Alfred C. Williams, Attorney at Law, LLC

Address: 701 South Acadian Thruway

City, State, Zip: Baton Rouge, LA 70806

Job Description: _____

Filer Spouse Full-Time Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

- You are required to disclose employment information related to both you and your spouse.
- 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.

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SCHEDULE B: POSITIONS - BUSINESS

Filer Spouse Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: Alfred C. Williams, Attorney at Law, LLC

Address: 701 South Acadia's Thruway

City, State, Zip: Baton Rouge, LA

Business Description: Attorney / Practice

Nature of Association: Sole proprietor

Filer Spouse Both

Amount of Interest (amount exceeds 10%): 100 %

Name of Business: The Conrad Group, LLC

Address: 701 South Acadia's Thruway

City, State, Zip: Baton Rouge, LA 70804

Business Description: Governmental Relations

Nature of Association: Owner

Filer Spouse Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Filer Spouse Both

Amount of Interest (amount 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, 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, 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

Filer Spouse

Name of Organization: Council on Aging

Address: Florida Blvd

City, State, Zip: Baton Rouge, LA 70806

Nature of Association: Member Board of Directors

Description of Organization: Assist the Elderly

Filer Spouse

Name of Organization: Melrose Place Subdivision Crime Prevention District

Address: _____

City, State, Zip: Baton Rouge, LA 70804

Nature of Association: Member of Board

Description of Organization: Crime Prevention

Filer Spouse

Name of Organization: Capital High School Alumni Association

Address: _____

City, State, Zip: Baton Rouge, LA 70802

Nature of Association: Member

Description of Organization: Alumni Association

Filer 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 agency.

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Schedule D: Income from the State, Political 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): East Baton Rouge Sheriff's Office
Name of Income Source: Same
Address: 300 North Blvd
City, State, Zip: Baton Rouge, LA 70802
Amount of Income (exact dollar amount): \$ 13,400

Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: State Political Subdivision Gaming Interest
Name of Business (if applicable): East Baton Rouge Parish School Board
Name of Income Source: Same
Address: South Foster Avenue
City, State, Zip: Baton Rouge, LA 70806
Amount of Income (exact dollar amount): \$ 28,700.00 (28,700.00)

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 D if you or your spouse received income 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 Received from Employment

Filer Spouse Full-time Part-time

Name of Employer: Alfred C. Williams, Attorney at Law

Address: 701 South Acadia Thruway

City, State, Zip: Baton Rouge, LA 70806

Nature of Services (pursuant to such employment): Practice of law

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: The Conrad Group, LLC

Address: 701 South Acadia Thruway

City, State, Zip: Baton Rouge, LA 70806

Nature of Services (pursuant to such employment): Consulting

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 E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

* Income received through self-employment is reported on SCHEDULE F.

* "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.

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Schedule F: Income Received From Business Interests / *None*

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

- 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
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

Filer Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

Filer Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

Filer Spouse
Name of Business: _____
Address: _____
City, State, Zip: _____
Nature of services rendered or reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.
* "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.
* Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Schedule G: Other Income (any other income that exceeds \$1,000 from each source)

Filer Spouse
Description of Income: _____

Nature of services rendered or reason income was received: _____

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
Description of Income: _____

Nature of services rendered or reason income was received: _____

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
Description of Income: _____

Nature of services rendered or reason income was received: _____

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
Description of Income: _____

Nature of services rendered or reason income was received: _____

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 if you or your spouse received any other type of income that exceeded \$1,000 from any one source.**
*** "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.**
***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 D, E, or F does not have to be restated on SCHEDULE G.**

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Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

Filer Spouse Both

Location of Property
Country: United States State: Louisiana Parish/County: East Baton Rouge

Description of Property: 2025 Geneva Street

Fair Market or Use Value: 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 Both

Location of Property
Country: United States State: Louisiana Parish/County: East Baton Rouge

Description of Property: 1006 Waverly Dr.

Fair Market or Use Value: 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 Both

Location of Property
Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Fair Market or Use Value: 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 Both

Location of Property
Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Fair Market or Use Value: 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 disclose the location by country, 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 I: Investment Holdings (an investment holding that exceeds \$5,000) *None*

Filer Spouse Both

Name of Security: _____

Description of Security: _____

Filer Spouse Both

Name of Security: _____

Description of Security: _____

Filer Spouse Both

Name of Security: _____

Description of Security: _____

Filer Spouse Both

Name of Security: _____

Description of Security: _____

* You are required to complete SCHEDULE I 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 J: Transactions (a transaction that exceeds \$5,000)

Filer Spouse Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: 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 Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: 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 Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: 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 Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: 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 J 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 (which exceeds \$5,000 each).

* 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 K: Liabilities (a liability that exceeds \$10,000)

Filer Spouse

Name of Creditor: Everhome Mortgage

Address: 8100 Nations Way

City, State, Zip: Jacksonville, FL 32256

Name of Guarantor (If applicable): Alfred C. Williams

Filer Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (If applicable): _____

Filer Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE K 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" 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, R.S. 9:3516(13).

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Schedule L: Other Offices/Positions Held

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 L 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.**