

**LOUISIANA BOARD OF ETHICS**

Mail: P.O. Box 4368, Baton Rouge, LA 70821

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>

**(ANNUAL) TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT**

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.

ORIGINAL REPORT THIS REPORT COVERS CALENDAR YEAR 2022

AMENDED REPORT

FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY \_\_\_\_, \_\_\_\_)

A final report must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: Mayor, City of Youngsville

NAME OF FILER (print full name): Kenneth L. Ritter

Mailing Address: 100 Copper Ridge Drive

City, State, Zip: Youngsville, LA, 70592

NAME OF SPOUSE (if applicable) (printfull name): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Principal Business Address: 100 Copper Ridge Drive

City, State, Zip: Youngsville, LA, 70592

**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.

**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.

ELECTRONICALLY FILED

~~Signature of Filer~~ 1617

DATE FILED: 5/14/2023





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## Schedule C: Positions – Nonprofit

Check if not applicable

Filer     Spouse

Name of Organization: Youngsville Volunteer Fire Department Inc

Address: 310 Fountain View Drive

City, State, Zip: Youngsville, LA, 70592

Nature of Association: Director

Description of Organization: Fire Department for Youngsville

Filer     Spouse

Name of Organization: \_\_\_\_\_

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

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

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Filer     Spouse

Name of Organization: \_\_\_\_\_

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

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

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

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 organization.**

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## Schedule D: Other Offices/Positions Held

Check if not applicable

<b>Name of Office/Position:</b> <u>Lafayette Parish 911 Communications District / Commissioner</u>
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____
<b>Name of Office/Position:</b> _____

**\*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

Filer    Spouse    Both

Location of Property:

State: Louisiana Parish/County: Lafayette

Description of Property: Personal residence

Value of the Interest in the Parcel:

- 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:

State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel:

- 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:

State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel:

- 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:

State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel:

- 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 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: Filer/Spouse Income from the State, Political Subdivisions, and/or Gaming Interests**

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): <u>City of Youngsville</u> Name of Income Source: <u>City of Youngsville</u> Address: <u>201 Iberia Street</u> City, State, Zip: <u>Youngsville, LA, 70592</u> Amount of Income (exact dollar amount): \$ <u>85,515.71</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest Name of Business (if applicable): _____ Name of Income Source: _____ Address: _____ City, State, Zip: _____ Amount of Income (exact dollar amount): \$ _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business (where amount of interest exceeds 10%) Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> 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) mean 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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: _____ Address: _____ City, State, Zip: _____ Nature of Services (pursuant to such employment): _____ 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 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: _____ Address: _____ City, State, Zip: _____ Nature of Services (pursuant to such employment): _____ 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 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: _____ Address: _____ City, State, Zip: _____ Nature of Services (pursuant to such employment): _____ 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 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: _____ Address: _____ City, State, Zip: _____ Nature of Services (pursuant to such employment): _____ 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 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)

Filer    Spouse

Name of Business: Max Management LLC

Address: 100 Copper Ridge Drive

City, State, Zip: Youngsville, LA, 70592

Nature of services rendered or reason income was received:

Operating profit

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 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 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 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:
<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 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.

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## Schedule M: Positions – Business

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board,  
and the administrator of the Ethics Administration)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____%
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____%
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____%
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____ Amount of Interest: _____%

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business *regardless of the percentage of ownership*.

\* "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.

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

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**Schedule N: Income from the State and/or Political Subdivisions**

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board,  
and the administrator of the Ethics Administration)

Check if not applicable

Filer    Spouse    Business  
 Type of Income:    State    Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

Filer    Spouse    Business  
 Type of Income:    State    Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

Filer    Spouse    Business  
 Type of Income:    State    Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

Filer    Spouse    Business  
 Type of Income:    State    Political Subdivision  
 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 N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received *regardless of the percentage of ownership in the business*.

\* "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.

\* Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

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## Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board,  
and the administrator of the Ethics Administration)

Check if not applicable

Filer     Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract:

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer     Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract:

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer     Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract:

Value (of thing of economic value) Derived: \_\_\_\_\_

Filer     Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract:

Value (of thing of economic value) Derived: \_\_\_\_\_

**\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.**

**\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.**

**\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.**

**\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).**