

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

This Report Covers Calendar Year: 2022

☒ 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: House District 91

Date of Election: October 14, 2023

Incumbent: ☐ Yes ☒ No

NAME OF FILER (print full name): Madison O'Malley

Mailing Address: PO Box 751205

City, State, Zip: New Orleans, LA 70175

NAME OF SPOUSE(if applicable)(print full name): \_\_\_\_\_

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.

**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.

Madison O'Malley  
Signature of Filer

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<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Lanseth Interventional Pain Centers</u>	
Job Title: <u>Care coordinator / Accounts Manager</u>	
Job Description: <u>Healthcare consultant</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> 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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<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
Amount of Interest: <u>50</u> %
Name of Business: <u>Capital Disaster Services</u>
Address: <u>PO Box 13592</u>
City, State, Zip: <u>New Orleans, LA 70185</u>
Business Description: <u>third-party adjusting firm</u>
Nature of Association: <u>owner</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: _____

- 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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<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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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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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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Subdivisions, and/or Gaming Interests**☒ Check if not applicable

<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) 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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<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Name of Employer: <u>Lonseth Interventional Pain Centers</u>			
Address: <u>4213 Teuton St</u>			
City, State, Zip: <u>Metairie, LA 70006</u>			
Nature of services (pursuant to such employment): <u>healthcare consultant</u>			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)			
<input checked="" 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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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 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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(any other income that exceeds \$1,000)

☐ 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 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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(an investment holding that exceeds \$5,000)

☐ 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 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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(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)

- \* 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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(a liability that exceeds \$10,000)

<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): _____
<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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