

**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 2023

AMENDED REPORT

FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY 1, 2024)

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: Coroner Bossier Parish

NAME OF FILER (print full name): Mike Williams

Mailing Address: 122 Carondelet Court

City, State, Zip: Bossier City, LA, 71111

NAME OF SPOUSE (if applicable) (printfull name): Debra Williams

Spouse's Occupation: Chief Financial Officer/Homemaker

Spouse's Principal Business Address: 122 Carondelet Court

City, State, Zip: Bossier City, LA, 71111

**CHECK ALL THAT APPLY**

I have filed my state income tax return for the year listed above.

I have filed for an extension of my state income tax return for the year listed above.

I have filed my federal income tax return for the year listed above.

I have filed for an extension of my federal income tax return for the year listed above.

**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**

E-FILE # PD-2191

DATE FILED: 5/13/2024

Signature of Filer

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**Schedule A: Employment Information**

Check if not applicable

Filer     Spouse                       Full-Time     Part-Time

Name of Employer: Michael Robert Williams, MD, APMC

Job Title: ER Medical Director

Job Description:  
Medical supervision of ER Physician group at Willis-Knighton Bossier

Filer     Spouse                       Full-Time     Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Filer     Spouse                       Full-Time     Part-Time

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Filer     Spouse                       Full-Time     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.

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**SCHEDULE B: POSITIONS – BUSINESS**

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest: <u>  100  </u> % Name of Business: <u>Michael Robert Williams, MD, APMC</u> Address: <u>  122 Carondelet Court</u> City, State, Zip: <u>  Bossier City, LA, 71111</u> Business Description: <u>ER Physician</u> Nature of Association: <u>Owner and Employee</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: _____
<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.

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

## Schedule C: Positions – Nonprofit

Check if not applicable

Filer     Spouse

Name of Organization: Mission 516

Address: 122 Carondelet Court

City, State, Zip: Bossier City, LA, 71111

Nature of Association: President & Board Member

Description of Organization: Support residents around Bossier, Haiti through financial aid to teachers, donation of farm animals, providing free medical care

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.**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

## Schedule D: Other Offices/Positions Held

Check if not applicable

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.**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**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: BossierDescription 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: Arkansas Parish/County: MontgomeryDescription of Property: Vacation Home

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.)**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

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

Check if not applicable

Filer    Spouse    Business (where amount of interest exceeds 10%)  
 Type of Income:    State    Political Subdivision    Gaming Interest  
 Name of Business (if applicable): City of Bossier City  
 Name of Income Source: City of Bossier City  
 Address: 620 Benton Road  
 City, State, Zip: Bossier City, LA, 71111  
 Amount of Income (exact dollar amount): \$ 37,600.72

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): \$ \_\_\_\_\_

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 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) meanstaxable 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.

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**Schedule G: Income Received from Employment** Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time Name of Employer: <u>Michael Robert Williams, MD, APMC</u> Address: <u>122 Carondelet Court</u> City, State, Zip: <u>Bossier City, LA, 71111</u> Nature of Services (pursuant to such employment): <u>Medical Services</u> 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 checked="" type="checkbox"/> Category IV (more than \$100,000)
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time Name of Employer: <u>Hospital Services of LA., Inc.</u> Address: <u>4646 Sherwood</u> City, State, Zip: <u>Baton Rouge, LA, 70816</u> Nature of Services (pursuant to such employment): <u>Board of Directors</u> Amount of Income: <input checked="" 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.



**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**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: Michael Robert Williams, MD, APMC

Address: 122 Carondelet Court

City, State, Zip: Bossier City, LA, 71111

Nature of services rendered or reason income was received:

Medical Services

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.**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**Schedule I: Other Income** (any other income that exceeds \$1,000)

Check if not applicable

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.**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**Schedule J: Investment Holdings** (an investment holding that exceeds \$5,000)

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Name of Security: <u>  Cisco Systems  </u>  Description of Security: <u>  Common Stock  </u>
<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.**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**Schedule K: Transactions** (a transaction that exceeds \$5,000)

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction:  Amount of Transaction: <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"/> Both Transaction Date: _____ Description of Transaction:  Amount of Transaction: <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"/> Both Transaction Date: _____ Description of Transaction:  Amount of Transaction: <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"/> Both Transaction Date: _____ Description of Transaction:  Amount of Transaction: <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 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.**

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

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

Check if not applicable

Filer    Spouse

Name of Creditor: Cadence Bank

Address: P O Box 789

City, State, Zip: Tupelo, MS, 38802

Name of Guarantor (If applicable): \_\_\_\_\_

Filer    Spouse

Name of Creditor: Computershare Holdings, Inc.

Address: P O Box 636005

City, State, Zip: Littleton, CO, 80163

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 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.

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**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 SCHEDULEM.

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

**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.

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

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

## 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

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract:  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract:  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Governmental Entity: _____ Nature of Contract/Sub-Contract:  Value (of thing of economic value) Derived: _____
<input type="checkbox"/> Filer <input type="checkbox"/> 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).**