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(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 ☐, 20☐])

A final reports 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: Louisiana State Senator

NAME OF FILER (print full name): Gerald Boudreaux

Mailing Address : P.O. Box 91245

City, State, Zip: Lafayette, LA 70509

NAME OF SPOUSE(if applicable)(print full name): Carlos C. Boudreaux

Spouse's Occupation: Deputy Clerk, Family Court

Spouse's Principal Business Address: P.O. BOX 2009

City, State, Zip: Lafayette, LA 70502

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.

Gerald Boudreaux

Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

☐Filer ☒Spouse ☒Full-Time ☐Part-Time
Name of Employer: Lafayette Parish Clerk of Court
Job Title: Deputy Clerk
Job Description: Handles documents/minutes of court records and reports

☒Filer ☐Spouse ☐Full-Time ☐Part-Time
Name of Employer: Retired
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:

☐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.**

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Schedule B: Positions - Business

☐ Check if not applicable

☐Filer ☐Spouse ☐Both

Amount of Interest: _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐Filer ☐Spouse ☐Both

Amount of Interest: _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐Filer ☐Spouse ☐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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Schedule C: Positions - Nonprofit

☐ Check if not applicable

☒Filer ☐Spouse

Name of Organization: Franciscan Missionaries of Our Lady Health System (FMOLHS)

Address: 4200 Essen Lane

City, State, Zip: Baton Rouge, LA 70809

Nature of Association: Trustee/Board Member

Description of Organization: Elderly housing and integrated information systems serves patients across Louisiana and Mississippi through a network of hospitals, clinics, physicians

☒Filer ☐Spouse

Name of Organization: Miles Perret Cancer Services Center

Address: 2130 Kaliste Saloom Road, Suite 200

City, State, Zip: Lafayette, LA 70508

Nature of Association: Board Member

Description of Organization: A haven for individuals and their families fighting, surviving, and living with cancer. The agency provides emotional support, guidance, resources programs, and most of all hope

☐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 C: Positions - Nonprofit

☐ Check if not applicable

☒Filer ☐Spouse

Name of Organization: Franciscan Missionaries of Our Lady Health System (FMOLHS)

Address: 4200 Essen Lane

City, State, Zip: Baton ouge, LA 70809

Nature of Association: Trustee/Board Member

Description of Organization: *elderly housing and integrated information systems
Serves patients across Louisiana and Mississippi through a network of hospitals, clinics, physicians

☒Filer ☐Spouse

Name of Organization: Miles Perret Cancer Services Center

Address: 2130 Kaliste Saloom Road, Suite 200

City, State, Zip: Lafayette, LA 70508

Nature of Association: Board Member

Description of Organization: A haven for individuals and their families fighting, surviving, and living with cancer. The agency provides emotional support, guidance, resources programs, and most of all hope.

☐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

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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Schedule E: Immovable Property

☐ Check if not applicable **(where the value of the interest in the parcel exceeds $2,000)**

☐Filer ☐Spouse ☐Both

Location of Property:

State: Louisiana Parish/County: Lafayette

Description of Property: Lots 46 and 47 of Prairie Sorrel Heights Subdivision

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: Louisiana Parish/County: Lafayette

Description of Property: Lots 15 & 16 Carmel Ridge

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: 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): Louisiana State Senate
Name of Income Source: Louisiana Senate
Address: P>O> Box 94183
City, State, Zip: Baton Rouge, LA 70804
Amount of Income (exact dollar amount): $ 38,020.21

☒Filer ☐Spouse ☐Business(where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☐ Gaming Interest
Name of Business(if applicable): Municipal Employees Retirement System
Name of Income Source: Retirement
Address: 7939 Office Park Boulevard
City, State, Zip: Baton Rouge, LA 70809
Amount of Income (exact dollar amount): $ 70,141.92

☐Filer ☐Spouse ☐Business(where amount of interest exceeds 10%)
Type of Income: ☐State ☒Political Subdivision ☐ Gaming Interest
Name of Business(if applicable): Parochial Employees Retirement System
Name of Income Source: Retirement
Address: 77905 Wrenwood Boulevard
City, State, Zip: Baton Rouge, LA 70809
Amount of Income (exact dollar amount): $ 4,168.20

* **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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Schedule G: Income Received from Employment

☐ Check if not applicable

☐Filer ☒Spouse ☐Full-time ☐Part-time

Name of Employer: Lafayette Parish Clerk of Court

Address: P.O. Box 2009

City, State, Zip: Lafayette, LA 70502

Nature of services (pursuant to such employment): Deputy Clerk/Court Reporter

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 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: _____

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 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

☐ Check if not applicable **(any other income that exceeds $1,000)**

☒Filer ☐Spouse
Description of Income:

Monthly Stipend

Nature of services rendered or reason income was received:

Consulting/Community Outreach LHC Group, Inc.

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:

Monthly Stipend

Nature of services rendered or reason income was received:

Consulting/Community Outreach Acadian Companies/Acadian Ambulance, Inc.

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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Schedule J: Investment Holdings

☐ Check if not applicable **(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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Schedule K: Transactions

☐ Check if not applicable **(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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Schedule L: Liabilities

☐ Check if not applicable **(a liability that exceeds $10,000)**

☐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): _____

☐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 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

☐Filer ☐Spouse ☐Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

☐Filer ☐Spouse ☐Both

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

Amount of Interest: _____ %

☐Filer ☐Spouse ☐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

☐ Check if not applicable

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

☐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).**

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