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 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT

This Report Covers Calendar Year: ~~2022~~ 2023

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY ☐, 20☐)

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.

Elected Office Position or Charter School Name: Council Member Dist #1, City of Scott

Date of Appointment/Term: Jan 1 2023

Date Appointment Expires/Term Ends: Dec 31 2026

Name (print full name): Doyle James Boudreaux

Mailing Address: 200 Rue Bon Secours

City, State, Zip : Scott, La 70583

Name of Spouse(if applicable) (print full name):

Spouse's Occupation

Principal Business Address:

City, State, Zip :

Check all that apply:

☒ I have filed my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year.

☐ I have filed 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.

NOTE: La. R.S. 42:1124.3 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification 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 and belief.

Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

☒Filer ☐Spouse ☒Full-Time ☐Part-Time

Name of Employer: Louisiana Firefighters Retirement System

Job Title: Retired

Job Description: Retired

☒Filer ☐Spouse ☐Full-Time ☐Part-Time

Name of Employer: City of Scott

Job Title: Council Member Dist #1

Job Description:

☒Filer ☐Spouse ☐Full-Time ☐Part-Time

Name of Employer: Self-Employed

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.

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

☐ Check if not applicable

(income which exceeded $250 from each source)

☒ Filer ☐ Spouse

Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest

Name of Income Source: Louisiana Firefighters Retirement System

Address: 3100 Brentwood

City, State, Zip: Baton Rouge, La 70809

Amount of Income (exact dollar amount): $ 51,408.12

☒ Filer ☐ Spouse

Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest

Name of Income Source: City of Scott

Address: 125 Lions Club Rd

City, State, Zip: Scott, La 70583

Amount of Income (exact dollar amount): $ 12,581.57

☐ Filer ☐ Spouse

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Income Source:

Address:

City, State, Zip:

Amount of Income (exact dollar amount): $

* You are required to complete SCHEDULE B 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.
* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
*The definition for (and examples of) political subdivision, gaming interest, and business are found in the *Instructions Section* of this form.

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Schedule C: Income from Gaming Interests to Business

(income which exceeded $250 from each source)

☒ Check if not applicable

☐ Business Name of business: _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

☐ Business Name of business: _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

☐ Business Name of business: _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

☐ Business Name of business: _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

* You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.
* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
* The definition for gaming interest and business are found in the *Instructions Section* of this form.

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Schedule D: Contract between Business and State/Political Subdivision

☒ Check if not applicable

☐ Business Name of busines: _____

Amount or Value of Contract _____

Duration of Contract: _____

Description of goods or service provided:

☐ Business Name of busines: _____

Amount or Value of Contract _____

Duration of Contract: _____

Description of goods or service provided:

☐ Business Name of busines: _____

Amount or Value of Contract _____

Duration of Contract: _____

Description of goods or service provided:

☐ Business Name of busines: _____

Amount or Value of Contract _____

Duration of Contract: _____

Description of goods or service provided:

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- The definition for business and political subdivision are found in the *Instructions Section* of this form.

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