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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 2025
☐ 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: State Representative District 46

NAME OF FILER (print full name): Chad M. Boyer

Mailing Address: 1021 Nella Jeanne Rd

City, State, Zip: Breaux Bridge, LA, 70517

NAME OF SPOUSE (if applicable) (printfull name): Cherie M. Boyer

Spouse's Occupation: Registered Nurse

Spouse's Principal Business Address: 1301 Camilla Blvd

City, State, Zip: Lafayette , LA, 70508

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-4165
DATE FILED: 5/8/2026
Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

☒Filer ☐Spouse ☒Full-Time ☐ Part-Time
Name of Employer: Coburn Supply Company
Job Title: Director of Safety
Job Description:
OSHA\DOT Regulations

☐Filer ☒Spouse ☒Full-Time ☐ Part-Time
Name of Employer: Louisiana Orthopaedic Specialists
Job Title: Registered Nurse
Job Description:
Provides care to patients.

☐Filer ☒Spouse ☐Full-Time ☒ Part-Time
Name of Employer: KRG Bayou Wellness
Job Title: Registered Nurse
Job Description:
Provides care to patients.

☐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: _____

☐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: La Belle Ville Civic Club
Address: PO Box 745
City, State, Zip: St. Martinville , LA, 70582

Nature of Association: Service Organization
Description of Organization: Local organization dedicated to improving the lives of families in their communities.

☒ Filer ☐ Spouse

Name of Organization: St. Martinville Rotary Club
Address: PO Box 812
City, State, Zip: St. Martinville , LA, 70582

Nature of Association: Service Organization
Description of Organization: Service organization that provides service to others through fellowship of business and community leaders.

☒ Filer ☐ Spouse

Name of Organization: Bayou Teche Kiwanis
Address: 110 N Main St.
City, State, Zip: Breaux Bridge , LA, 70582

Nature of Association: Service Organization
Description of Organization: Global organization dedicated to improving the lives of children.

☐ 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: _____

***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 $5,000)

☐ Check if not applicable

☒Filer ☐Spouse ☐ Both

Location of Property:
State: Louisiana Parish/County: St. Martin

Description of Property: Single Family Dwelling

Value of the Interest in the Parcel:
☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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

☒Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ☒State ☐Political Subdivision ☐Gaming Interest
Name of Business (if applicable): Louisiana State Police
Name of Income Source: State Police Retirement Systems
Address: 9224 Jefferson Hwy,
City, State, Zip: Baton Rouge , LA, 70809
Amount of Income (exact dollar amount): $ 14,159.64

☒Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ☒State ☐Political Subdivision ☐Gaming Interest
Name of Business (if applicable): Louisiana House of Representative
Name of Income Source: State of Louisiana
Address: 900 North 3rd Street
City, State, Zip: Baton Rouge , LA, 70802
Amount of Income (exact dollar amount): $ 16,800.00

☐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) 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: Coburns
Address: PO Box 2177
City, State, Zip: Beaumont , TX, 77704

Nature of Services (pursuant to such employment): Provider of HVAC, plumbing, electrical & other building materials for contractors & homeowners.

Amount of Income: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$100,000) ☒Category IV (more than $ 100,000)

☐Filer ☒Spouse ☒Full-time ☐Part-time

Name of Employer: Louisiana Orthopaedic Specialists
Address: 1301 Camilla Blvd
City, State, Zip: Lafayette , LA, 70508

Nature of Services (pursuant to such employment): Orthopedics, Spine & Sports Medicine

Amount of Income: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☒Category III ($50,000-$100,000) ☐Category IV (more than $ 100,000)

☐Filer ☒Spouse ☐Full-time ☒Part-time

Name of Employer: KRG Bayou Wellness
Address: 225 Dixon Estate Rd.
City, State, Zip: Sterlington , LA, 71280

Nature of Services (pursuant to such employment): Health Services Clinic

Amount of Income: ☒Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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:

*** 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

☐Filer ☐Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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 (an investment holding that exceeds $5,000)

☒ Check if not applicable

☐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:

☐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, exchange-traded 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 (a transaction that exceeds $5,000)

☒ Check if not applicable

☐Filer ☐Spouse ☐Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$100,000) ☐Category IV (more than$100,000)

☐Filer ☐Spouse ☐Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$100,000) ☐Category IV (more than$100,000)

☐Filer ☐Spouse ☐Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$100,000) ☐Category IV (more than$100,000)

☐Filer ☐Spouse ☐Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction: ☐Category I (less than $10,000) ☐Category II ($10,000-$49,999)
☐Category III ($50,000-$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, exchange-traded funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.**

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

☐ Check if not applicable

☒ Filer ☐ Spouse

Name of Creditor: PennyMac

Address: PO Box 514387

City, State, Zip: Los Angeles , CA, 90051

Name of Guarantor (If applicable): Chad Boyer

☐ 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: _____%

☐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

(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).**