



Filing ID #10019274

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Dr. Phillip Conner  
**Status:** Congressional Candidate  
**State/District:** LA03

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2017  
**Filing Date:** 11/1/2017

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
529a College Enrollment ⇒ UCSP / College America LOCATION: LA	JT	\$1,001 - \$15,000	None		
529A College Enrollment ⇒ Ucsp/ College America LOCATION: LA	JT	\$1,001 - \$15,000	None		
Gftc Custodial IRA ⇒ GFTC custodial IRA DESCRIPTION: IRA as retirement vehicle	JT	\$250,001 - \$500,000	None		
Gftc Custodial IRA ⇒ GFTC Custodial IRA DESCRIPTION: retirement IRA	JT	\$15,001 - \$50,000	None		
Jana Kaimel MD LLC, 100% Interest LOCATION: Lake Charles , LA, US DESCRIPTION: Ownership of LLC for the purpose of practicing medicine		\$250,001 - \$500,000	None		
Sleep Disorder Center of Louisiana LLC		\$250,001 -	None		

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
LOCATION: lake charles / calcasieu, LA, US DESCRIPTION: LLC for purpose of practicing medicine		\$500,000			
UCSP/College America / College 2021 ⇒ UCSP / College America	JT	\$1,001 - \$15,000	None		
LOCATION: LA					

\* Asset class details available at the bottom of this form.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Sleep Disorder Center of Louisiana LLC	salary	\$250,000.00	N/A
Business Health Partners	Medical Director of Occupational Medicine Clinic	\$60,000.00	N/A
Harbor Hospice	Medical Director	\$12,000.00	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	First Federal Bank	2017	loan for purchase of business	\$500,001 - \$1,000,000
	Credit Card	2017	credit card debt	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Owner and Medical Director	Sleep Disorder Center of Lousiana
Medical Director	Business Health Partners
Medical Director	Harbor Hospice

SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
AARP - insurance (Lake Charles, LA, US)	reimbursement for medical care provided
Aetna - Insurance Company (Lake Charles, LA, US)	reimbursement for medical care provided
Blue Cross / Blue Shield (Lake Charles , LA, US)	reimbursement for medical care provided
Cigna - Insurance Company (Lake Charles, LA, US)	reimbursement for medical care provided
Gilsbar - Insurance (Lake Charles, LA, US)	reimbursement for medical care provided
Humana (Lake Charles, LA, US)	reimbursement for medical care provided
Mutual of Omaha (Lake Charles, LA, US)	reimbursement for medical care provided
United Healthcare (Lake Charles, LA, US)	reimbursement for medical care provided
UMR Insurance Company (Lake Charles, LA, US)	reimbursement for medical care provided

## SCHEDULE A ASSET CLASS DETAILS

<ul style="list-style-type: none"><li>◦ 529a College Enrollment (Owner: JT) LOCATION: LA DESCRIPTION: college enrollment for child #3</li><li>◦ 529A College Enrollment (Owner: JT) LOCATION: LA DESCRIPTION: college fund for child #2</li><li>◦ Gfte Custodial IRA (Owner: JT)</li><li>◦ Gfte Custodial IRA (Owner: JT)</li><li>◦ UCSP/College America / College 2021 (Owner: JT) LOCATION: LA DESCRIPTION: tax deferred for college tuition and expenses - Jackson</li></ul>
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## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the

best of my knowledge and belief.

**Digitally Signed:** Dr. Phillip Conner , 11/1/2017