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# DISCLOSURE DIVISION

WAIVER REQUEST

DATE: MAY 12, 2016

ANSWER

DOCKET #: 2016-062

RECONSIDERATION REQUEST

Robin Gremillion, Director  
Disclosure Division

## FILER INFORMATION

Name: **ELBOURNE M.D., KEITH BRIAN**

Office/Position: -----

Board/Commission: Lane Memorial Regional Medical Center (Hospital Service District #1)

Dates of Service: January 2010 - December 2020

Number of Disclosures and/or Amendments Filed with Agency: 5

## REPORT INFORMATION

Tier Level: Tier 2.1

Name of Report: Tier 2.1 annual PFD covering 2013

Original Due Date: May 15, 2014

NOD-FF Received: January 30, 2015

PFD due Date based on NOD: February 15, 2015

PFD Filed: September 8, 2015

## LATE FEE INFORMATION

Amount of Late Fee: \$1500

Days late from receipt of NOD: 210

Total days late from initial due date: 482

Late Fee Order Received: December 17, 2015

Payment/Waiver Request due date: January 6, 2016

Waiver Request Received: December 23, 2015

Board Result: March 2016 - Declined to Waive

Deadline to Request Reconsideration: May 2, 2016

Reconsideration Request Received: April 28, 2016

## REASON FOR REQUESTING RECONSIDERATION AND/OR OTHER COMMENTS:

Dr. Elbourne requests that he be allowed to make an appearance before the Board. A copy of the reconsideration is attached.

## OTHER LATE FEE INFORMATION

### *Disclosure Statements:*

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

### *Campaign Finance:*

- Outstanding Late Fees: No
- Prior Late Fees: No



6550 Main Street, Suite 2000  
Zachary, Louisiana 70791  
[225] 658-1303 TELEPHONE  
[225] 658-1304 FAX

April 28, 2016

State of Louisiana  
Dept. of State Civil Services  
Louisiana Board of Ethics  
Attn: Tracy M. Barker  
P.O. Box 4368  
Baton Rouge, LA 70821

VIA FAX #225-381-7271  
and U.S. MAIL

2016 APR 28 AM 11:54

LOUISIANA  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

Re: Tier 2.1 Annual Personal Financial Disclosure covering calendar year 2013  
Report ID: PFD15011522  
Docket ID: 2016-062  
Hospital Service District #1 - Lane Regional Medical Center

Dear Ms. Barker:

In response to your letter dated March 31, 2016, I am requesting reconsideration by the Board of Ethics of the \$1,500 assessment fee. I am further requesting the opportunity to appear before the Board of Ethics in connection with this matter. Please let me know the time and place of the meeting.

I appreciate your prompt attention.

Sincerely,

\_\_\_\_\_  
Keith Elbourne, M.D.



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