



# MISSISSIPPI ETHICS COMMISSION

## STATEMENT OF ECONOMIC INTEREST

Post Office Box 22746  
Jackson, MS 39225-2746

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Jackson, MS 39202

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Web: [www.ethics.state.ms.us](http://www.ethics.state.ms.us)

Telecopier: 601-359-1292  
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### **SECTION A:** Name & Address information.

**Last Name:** Mallette

**First Name:** Mary

**Middle Name:** Currier

**Title:** Dr.

**Suffix:**

**Mailing Address:** PO Box 1700  
570 E. Woodrow Wilson  
Jackson, MS 39215

### **SECTION B:** List of title(s), position(s) or office(s) in government held by the filer.

<u>Position/Title</u>	<u>Entity</u>	<u>District/Post</u>	<u>Status</u>
Executive Director or Head of State Agency	Health, State Department of		Incumbent
State Board or Commission Member	Rehabilitation Services, State Department of		Incumbent

### **SECTION C:** List of all other occupations of the filer, filer's spouse and any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year.

<u>Relationship</u>	<u>Occupation</u>
Self	Physicians

### **SECTION D:** List of all the names and addresses of all businesses for which any of the following statements are true for the filer, filer's spouse and any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year, including the name of any position in or relationship to the business.

1. Receives more than Two Thousand Five Hundred Dollars (\$2,500.00) per year in income from the business.
2. Owns ten percent (10%) or more of the fair market value in the business, either directly or through another business.
3. Owns an ownership interest in the business, the fair market value of which exceeds Five Thousand Dollars (\$5,000.00) or
4. Is an employee, director or officer of the business.

<u>Business Name</u>	<u>Business Address</u>	<u>Position</u>	<u>Relationship</u>
Jackson Eye Associates	1200 North State St. suite 330 Jackson, MS 39202	Owner	Spouse

Mississippi Health Partners

1501 Lakeland Dr.  
Jackson, MS 39216

Employee

Spouse

**SECTION E:** List of person or business and the nature of business the filer represented or intervened for compensation before an authority of state or local government, excluding the courts, on any matter other than uncontested or routine matters, only if the filer is (1) an elected official, (2) an executive director or head of a state agency or (3) a president or trustee of a state-supported college, university or community or junior college, including members of the State Board for Community and Junior Colleges and the State Board of Institutions of Higher Learning.

**Client Name**

**Client Address**

**Nature Of Business**

**Governmental Authority**

**No information entered**

**SECTION F:** List of all public bodies, whether federal, state or local government, from which the filer, filer's spouse or any person over the age of twenty-one(21) who resided in the household during the entire preceding calendar year recieved compensation in excess of One Thousand dollars (\$1,000.00) during the preceding calendar year, whether the compensation was paid directly or indirectly through another person or business.

**Relationship**

**Public Body**

Self

Mississippi State Department of Health

**I hereby certify the information set forth in this statement is accurate and complete to the best of my knowledge. I understand it is a crime to knowingly fail to disclose information required by law and is publishable by a fine of Ten Thousand Dollars (10,000.00).**

Dr.Mary Currier Mallette

**SIGNATURE**

6/20/2018

**DATE**