

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

PAYMENT FOR RENDERING ASSISTANCE DISCLOSURE STATEMENT

Pursuant to La. R.S. 42:1111E(2)(a)

NAME OF ELECTED OFFICIAL (PLEASE PRINT): _____

ADDRESS: _____

CITY, STATE ZIP: _____

NAME OF GOVERNMENTAL ENTITY _____

PERSON EMPLOYING/RETAINING OFFICIAL (PLEASE PRINT): _____

ADDRESS: _____

CITY, STATE ZIP: _____

DESCRIPTION OF THE NATURE OF WORK: _____

ASSISTED IN A TRANSACTION

ASSISTED IN AN APPEARANCE IN CONNECTION WITH A TRANSACTION

DESCRIPTION OF THE TRANSACTION OR APPEARANCE (IN REFERENCE TO WHICH SERVICES ARE RENDERED OR TO BE RENDERED):

AMOUNT OF COMPENSATION OR THING OF ECONOMIC VALUE (FOR SERVICES RENDERED OR TO BE RENDERED):

DATE IN WHICH ASSISTANCE WAS FIRST RENDERED: _____

(SIGNATURE OF FILER)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____,

AT _____,

(Notary Public Signature)

(Printed Name)

(Notary ID or Bar Roll)