

**LOUISIANA BOARD OF ETHICS**

Mail: P.O. Box 4368, Baton Rouge, LA 70821

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Upload: <https://eap.ethics.la.gov/FileUpload>**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 ON WHICH ASSISTANCE WAS FIRST RENDERED:** \_\_\_\_\_

By my signature below, I certify that the information contained herein is true and correct to the best of my knowledge, information, and belief.

**SIGNATURE OF FILER:** \_\_\_\_\_**DATE:** \_\_\_\_\_