

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**DISASTER OR EMERGENCY CONTRACT DISCLOSURE STATEMENT**

Pursuant to La. R.S. 42:1114.3B disclosure statements shall be filed **no later than 30 days after the elected official, state appointed official, immediate family member, or legal entity** (in which the official or immediate family member owns 10% or more) **enters into a contract**. Subsequent to filing the initial disclosure statements, the elected official, state appointed official, or immediate family member **shall file disclosure statements no later than MAY 15 of each year** and shall include such information from the previous year.

☐ **INITIAL DISCLOSURE**

DATE CONTRACT ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_

INCOME/VALUE OF ANYTHING OF ECONOMIC VALUE DERIVED INDIVIDUALLY: \$ \_\_\_\_\_ ☐ ACTUAL ☐ ESTIMATED☐ **ANNUAL DISCLOSURE**

YEAR COVERED: \_\_\_\_\_

INCOME RECEIVED INDIVIDUALLY: \$ \_\_\_\_\_ **OR**

VALUE OF ANYTHING OF ECONOMIC VALUE DERIVED INDIVIDUALLY: \$ \_\_\_\_\_

☐ **FINAL DISCLOSURE FILING**☐ CONTRACT COMPLETE (DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_)☐ OFFICIAL NO LONGER SERVES IN AN ELECTED OR APPOINTED POSITION**FILER:** ☐ **ELECTED OFFICIAL/APPOINTED STATE OFFICIAL** ☐ **IMMEDIATE FAMILY MEMBER**

NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF ELECTED/APPOINTED OFFICIAL (PRINT): \_\_\_\_\_

ADDRESS OF ELECTED/APPOINTED OFFICIAL: \_\_\_\_\_

POSITION/OFFICE OF OFFICIAL: \_\_\_\_\_

FAMILIAL RELATIONSHIP TO OFFICIAL: \_\_\_\_\_

**NATURE OF CONTRACT OR SUBCONTRACT AND DESCRIPTION:** \_\_\_\_\_**IF THE CONTRACT OR SUBCONTRACT IS THROUGH A LEGAL ENTITY:**

NAME OF LEGAL ENTITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERCENTAGE OF OWNERSHIP INTEREST: % \_\_\_\_\_

POSITION THAT **YOU** HELD IN THE LEGAL ENTITY: \_\_\_\_\_

CONTRACT VALUE: \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature of Filer)\_\_\_\_\_  
(Date)