

**CONTRACT DISCLOSURE STATEMENT**  
**Disclosures Pursuant to LSA-R.S. 42:1113D(4)(b)**  
**(Immediate Family Member of Public Servant)**

**READ ALL INSTRUCTIONS CAREFULLY AND REMOVE INSTRUCTION PAGE BEFORE FILING.**

**PRINT OR TYPE LEGIBLY IN BLACK INK.**

**GENERAL INSTRUCTIONS**

This form should be used to facilitate compliance with R.S. 42:1113D(4)(b) which requires the filing of a disclosure statement with the Louisiana Board of Ethics.

LSA-R.S. 42:1113D(4)(b) requires that this form be filed by the public servant, spouse, immediate family member or legal entity (See Instruction No. 5 for definition) owned by the public servant, spouse or immediate family member with the Louisiana Board of Ethics by **MAY 15<sup>TH</sup> OF EACH YEAR.**

Immediate Family Members of the Following Public Servants are required to file:

- (a) A legislator and any person who has been certified by the secretary of state as elected to the legislature.
- (b) The governor and each person holding statewide elected office.
- (c) The secretary of the Department of Economic Development.
- (d) The secretary of the Department of Culture, Recreation and Tourism.
- (e) The secretary of the Department of Environmental Quality.
- (f) The secretary of the Department of Health and Hospitals.
- (g) The secretary of the Louisiana Workforce Commission.
- (h) The secretary of the Department of Natural Resources.
- (i) The secretary of the Department of Public Safety and Corrections and any warden or assistant warden of a state penal institution.
- (j) The secretary of the Department of Revenue.
- (k) The secretary of the Department of Social Services.
- (l) The secretary of the Department of Transportation and Development.
- (m) The secretary of the Department of Wildlife and Fisheries.
- (n) The secretary of the Department of Veterans' Affairs.
- (o) The executive secretary of the Public Service Commission.
- (p) The director of State Civil Service.
- (q) Each member of the State Board of Elementary and Secondary Education.
- (r) The superintendent of education, the commissioner of higher education, and the president of each public postsecondary education system.
- (s) Each member of the Board of Ethics and the ethics administrator.
- (t) The chief of staff to the governor.
- (u) The commissioner of the division of administration.
- (v) The executive counsel to the governor.
- (w) The legislative director for the governor.
- (x) The deputy chief of staff to the governor.
- (y) The director of policy for the governor.
- (z) The superintendent of education of the Department of Education.

## **FORM INSTRUCTIONS**

1. Name and Address of Filer: Provide the full name and mailing address of the filer.
2. Name and Address of Public Servant: Provide the full name and address of the public servant to whom the filer is related.
3. Relationship to Public Servant: Provide the familial relationship between the filer and the public servant. “‘Immediate Family Member’ as the term relates to the a elected official means his children, the spouses of his children, brothers and their spouses, sisters and their spouses, parents, spouse, and the parents of his spouse.” LSA-R.S. 42:1102(13).
4. Position of Public Servant: Provide the public servant’s title and the name of the public servant’s agency.
5. Name and business address of legal entity and percentage of ownership (if applicable): The name and address of the legal entity/business entity that necessitates the filing of this report. For purposes of this disclosure, “legal entity of a person or family member” means any corporation, partnership, or other such entity, except a publicly traded corporation or a passive ownership interest that is the result of participation in a federally approved program of employee ownership, in which a person identified above or the spouse of such person, or immediate family member of such person owns an interest of greater than five percent.
6. Time Period Covered: Previous calendar year.
7. Name of person filing the report: The person required under LSA-R.S. 42:1113D(4)(b) to file the report must print his or her name and sign and date the report.
8. Certificate of Accuracy: Certificate attesting to the accuracy of the information provided.

### **SCHEDULE A INSTRUCTIONS**

1. Name and Address of State Governmental entity: Provide the name and address of the state governmental entity which is a party to the contract with the person required to file this report. A “state government” means any branch, agency, department, or institution of state government or with the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, or any other state quasi public entity created in law. R.S. 42:1113D(1)(a)(v).
2. Names of the Parties to the Contract.
3. Term of Each Contract with State Government.
4. Value of Each Contract: Provide the value of the contract.

**CONTRACT DISCLOSURE STATEMENT**

**Pursuant to R.S. 42:1113D(4)(a)**

**(Immediate Family Member of Public Servant)**

**(Statements shall be filed by May 15<sup>th</sup> each year)**

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**1. Name and Address of Filer:**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**2. Name and Address of Public Servant:**

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**3. Relationship to Public Servant:** \_\_\_\_\_

**4. Position held by Public Servant:**

\_\_\_\_\_  
Position

\_\_\_\_\_  
Agency/Department/Division

**5. Name and Business Address of Legal Entity and Percentage of Ownership (if applicable):**

Continuation Sheet Attached.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Percentage of Ownership

**6. Time Period Covered:** \_\_\_\_\_

**7. Signature:**

\_\_\_\_\_  
Signature of Person Filing the Report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**8. Certificate of Accuracy:**

I do hereby certify and acknowledge that the information provided herein is true and correct to the best of my knowledge, information and belief; and that no information required by Section 1113D(4)(a) and/or (b) of the Code of Governmental Ethics [LSA-R.S. 42:1113D(4)(a) and/or (b)] has been deliberately omitted.

\_\_\_\_\_  
Signature of Filer

**Filers who fail to file, to timely file and/or to accurately disclose information in statements filed pursuant to R.S. 42:1113D(4)(a) and (b) may be liable for the following penalties: censure, imposition of a fine of not more than ten thousand dollars (\$10,000), or both, pursuant to R.S. 42:1153A. The filer, if a public employee, may also be removed, suspended, or ordered a reduction in pay, or demoted in addition to the fines set forth in R.S. 42:1153A, pursuant to R.S. 42:1153B. In addition, the filer may be assessed a fine not to exceed one half of the amount of the economic advantage, pursuant to R.S. 42:1155.**

**CONTINUATION SHEET - LEGAL ENTITIES**

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Print Full Name

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Street Address or P.O. Box

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City

State

Zip Code

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Percentage of Ownership

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Print Full Name

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Street Address or P.O. Box

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City

State

Zip Code

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Percentage of Ownership

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Print Full Name

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Street Address or P.O. Box

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City

State

Zip Code

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Percentage of Ownership

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Percentage of Ownership

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Zip Code

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Percentage of Ownership