

RETIREMENT SYSTEM FINANCIAL DISCLOSURE STATEMENT

Pursuant to La. R.S. 42:1114.2, each person who has or is seeking to obtain a contractual or other business or financial relationship with a state or statewide public retirement system shall file with the Board of Ethics semi-annual financial disclosure reports if the person has made expenditures of five hundred dollars or more in a calendar year. Reports must be filed by **August 15** (covering January 1 through June 30 of the calendar year) and by **February 15** (covering July 1 through December 31 of the calendar year).

REPORTING YEAR: _____

- JANUARY 1 THROUGH JUNE 30 (DUE ON OR BEFORE AUGUST 15)
 JULY 1 THROUGH DECEMBER 31 (DUE ON OR BEFORE FEBRUARY 15)

FILER'S FULL NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

EMPLOYING AGENCY: _____

TELEPHONE NUMBER [AREA CODE & NUMBER]: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

ALL EXPENDITURES PER RETIREMENT SYSTEM

NAME OF RETIREMENT SYSTEM: _____	
AGGREGATE TOTAL OF EXPENDITURES (JANUARY 1 THROUGH JUNE 30):	\$ _____
AGGREGATE TOTAL OF EXPENDITURES (JULY 1 THROUGH DECEMBER 31):	\$ _____
AGGREGATE TOTAL FOR CALENDAR YEAR:	\$ _____

NAME OF RETIREMENT SYSTEM: _____	
AGGREGATE TOTAL OF EXPENDITURES (JANUARY 1 THROUGH JUNE 30):	\$ _____
AGGREGATE TOTAL OF EXPENDITURES (JULY 1 THROUGH DECEMBER 31):	\$ _____
AGGREGATE TOTAL FOR CALENDAR YEAR:	\$ _____

NAME OF RETIREMENT SYSTEM: _____	
AGGREGATE TOTAL OF EXPENDITURES (JANUARY 1 THROUGH JUNE 30):	\$ _____
AGGREGATE TOTAL OF EXPENDITURES (JULY 1 THROUGH DECEMBER 31):	\$ _____
AGGREGATE TOTAL FOR CALENDAR YEAR:	\$ _____

LOUISIANA BOARD OF ETHICS

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>**NAME OF RETIREMENT SYSTEM:** _____

AGGREGATE TOTAL OF EXPENDITURES (JANUARY 1 THROUGH JUNE 30): \$ _____

AGGREGATE TOTAL OF EXPENDITURES (JULY 1 THROUGH DECEMBER 31): \$ _____

AGGREGATE TOTAL FOR CALENDAR YEAR: \$ _____**NAME OF RETIREMENT SYSTEM:** _____

AGGREGATE TOTAL OF EXPENDITURES (JANUARY 1 THROUGH JUNE 30): \$ _____

AGGREGATE TOTAL OF EXPENDITURES (JULY 1 THROUGH DECEMBER 31): \$ _____

AGGREGATE TOTAL FOR CALENDAR YEAR: \$ _____**NAME OF RETIREMENT SYSTEM:** _____

AGGREGATE TOTAL OF EXPENDITURES (JANUARY 1 THROUGH JUNE 30): \$ _____

AGGREGATE TOTAL OF EXPENDITURES (JULY 1 THROUGH DECEMBER 31): \$ _____

AGGREGATE TOTAL FOR CALENDAR YEAR: \$ _____**YOU ARE REQUIRED TO COMPLETE SCHEDULE A IF YOU ANSWER 'YES' TO EITHER EXPENDITURE CATEGORY****EXPENDITURE EXCEEDING \$50 (ON ONE OCCASION) FOR A RETIREMENT SYSTEM OFFICIAL:**JANUARY 1 THROUGH JUNE 30 YES NOJULY 1 THROUGH DECEMBER 31 YES NO**EXPENDITURES EXCEEDING THE SUM OF \$250 FOR A RETIREMENT SYSTEM OFFICIAL:**JANUARY 1 THROUGH JUNE 30 YES NOJULY 1 THROUGH DECEMBER 31 YES NO**CERTIFICATION OF ACCURACY**

I do hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by La. R.S. 42:1114.2 has been deliberately omitted.

SIGNATURE OF FILER

SCHEDULE A: EXPENDITURES FOR RETIREMENT SYSTEM OFFICIALS

OFFICIAL'S NAME: _____
RETIREMENT SYSTEM: _____
EXPENDITURES OVER \$50 ON ONE OCCASION **OR** EXPENDITURES EXCEEDING \$250
January 1 through June 30: \$ _____
July 1 through December 31: \$ _____
TOTAL OF ALL EXPENDITURES MADE DURING CALENDAR YEAR: \$ _____

OFFICIAL'S NAME: _____
RETIREMENT SYSTEM: _____
EXPENDITURES OVER \$50 ON ONE OCCASION **OR** EXPENDITURES EXCEEDING \$250
January 1 through June 30: \$ _____
July 1 through December 31: \$ _____
TOTAL OF ALL EXPENDITURES MADE DURING CALENDAR YEAR: \$ _____

OFFICIAL'S NAME: _____
RETIREMENT SYSTEM: _____
EXPENDITURES OVER \$50 ON ONE OCCASION **OR** EXPENDITURES EXCEEDING \$250
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OFFICIAL'S NAME: _____
RETIREMENT SYSTEM: _____
EXPENDITURES OVER \$50 ON ONE OCCASION **OR** EXPENDITURES EXCEEDING \$250
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OFFICIAL'S NAME: _____
RETIREMENT SYSTEM: _____
EXPENDITURES OVER \$50 ON ONE OCCASION **OR** EXPENDITURES EXCEEDING \$250
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TOTAL OF ALL EXPENDITURES MADE DURING CALENDAR YEAR: \$ _____