

SPOUSAL PROHIBITED INCOME DISCLOSURE STATEMENT

La. R.S. 42:1111C(5)

PRINT FULL Name of public servant:	
Public office held by public servant:	
Public servant's agency:	
Start date of above position:	
Mailing Address:	
City, State, Zip:	

PRINT FULL Name of Spouse:	
Spouse's Employer:	
Spouse's Employer's Mailing Address:	
City, State Zip:	
Spouse's Date of Employment:	

Description of nature of relationship between public servant's agency and spouse's employer:	
Start Date of Relationship:	

By our signatures below, we do hereby certify that all of the following are true and correct:	
1. _____ (name of spouse) is a salaried or wage-earning employee of _____ (name of spouse's employer).	
2. _____'s (name of spouse) compensation is substantially unaffected by the contractual, business or financial relationship with _____ (name of public servant's agency).	
3. Neither _____ (name of public servant), nor _____ (public servant's spouse) are an owner, officer director, trustee, or partner in _____ (name of spouse's employer).	
4. _____ (name of public servant) will recuse/disqualify myself from participating in transactions involving _____ (name of spouse's employer).	
5. _____ (name of spouse) will file annual disclosure reports pursuant to La. R.S. 42:1114 by May 15th.	

Certificate of Accuracy

We do hereby certify that the information contained in this disclosure statement is true and correct to the best of our knowledge and belief.

Public Servants Signature:		Spouse Signature:	
Date:		Date:	