

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: _____