

**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:** \_\_\_\_\_