

**LOUISIANA BOARD OF ETHICS**

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

Fax: 225-381-7271

Upload: <https://eap.ethics.la.gov/FileUpload>

## **FINANCIAL DISCLOSURE STATEMENT**

(Pursuant to La. R.S. 42:1114)

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### **REPORTS ARE FILED ANNUALLY COVERING THE PREVIOUS CALENDAR YEAR**

### **THE FOLLOWING PERSONS ARE REQUIRED TO FILE A FINANCIAL DISCLOSURE STATEMENT:**

- ❖ **A PUBLIC SERVANT** and each member of his immediate family who:
  - Derives anything of economic value, directly, through any transaction involving the agency of such public servant; or
  - Derives anything of economic value of which he may be reasonably expected to know through a person which:
    - Is regulated by the agency of such public servant; or
    - Has bid on or entered into or is in any way financial interested in any contract, subcontract, or any transaction under the supervision or jurisdiction of the agency of such public servant.
  - IF REQUIRED TO FILE, **SCHEDULE A** MUST BE COMPLETED.
  
- ❖ **A LEGISLATOR** and each member of his immediate family who:
  - Derives anything of economic value, directly, through any transaction involving the legislator's agency; or
  - Derives anything of economic value of which he may be reasonably expected to know through a person which has bid on or entered into or is in any way financially interested in any contract, subcontract, or any transaction involving the legislator's agency.
  - IF REQUIRED TO FILE, **SCHEDULE A** MUST BE COMPLETED.
  
- ❖ **OTHER THAN A LEGISLATOR, AN ELECTED OFFICIAL**, his spouse, and any business enterprise in which he has an interest (greater than 10%) who:
  - Derives anything of economic value through a contract or other subcontract from the state or any political subdivision.
  - IF REQUIRED TO FILE, **SCHEDULE B** MUST BE COMPLETED.

**THE DISCLOSURE STATEMENT MUST BE FILED ON OR BEFORE MAY 15<sup>th</sup>.**

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**FINANCIAL DISCLOSURE STATEMENT**

(Pursuant to La. R.S. 42:1114)

DISCLOSURE STATEMENTS ARE FILED ANNUALLY ON OR BEFORE **MAY 15<sup>th</sup>**.

**CALENDAR YEAR COVERED:** \_\_\_\_\_

**FILER:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> PUBLIC SERVANT   | <input type="checkbox"/> SPOUSE OF PUBLIC SERVANT   | <input type="checkbox"/> IMMEDIATE FAMILY MEMBER OF PUBLIC SERVANT |
| <input type="checkbox"/> LEGISLATOR       | <input type="checkbox"/> SPOUSE OF LEGISLATOR       | <input type="checkbox"/> IMMEDIATE FAMILY MEMBER OF LEGISLATOR     |
| <input type="checkbox"/> ELECTED OFFICIAL | <input type="checkbox"/> SPOUSE OF ELECTED OFFICIAL | <input type="checkbox"/> BUSINESS ENTERPRISE OF ELECTED OFFICIAL   |

Name of Filer (print): \_\_\_\_\_

Relationship to Public Servant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Public Servant (print): \_\_\_\_\_

Position Held: \_\_\_\_\_

Name of Department/Agency/Division: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

**“Public Servant”** means a public employee or an elected official.

**“Elected Official”** means any person holding an office in a governmental entity which is filled by the vote of the appropriate electorate. It shall also include any person appointed to fill a vacancy in such offices.

**“Immediate Family”** as the term relates to a public servant means his children, the spouses of his children, his brothers and their spouses, his sisters and their spouses, his parents, his spouse, and the parents of his spouse.

**“Legislator”** means any person holding office in the Senate or the House of Representatives of the Louisiana Legislature which is filled by the vote of the appropriate electorate.

**“Business Enterprise”** shall be included in the disclosure statement only if the elected official and/or his spouse owns at least ten percent of such enterprise.

**SCHEDULE A**  
**(La. R.S. 42:1114A, 1114B)**  
**Transactions Involving Public Servant's Agency**

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<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>
<p>NATURE OF BUSINESS ACTIVITY: _____</p> <p>_____</p> <p>AMOUNT OF INCOME OR VALUE OF THING OF ECONOMIC VALUE: _____</p> <p>NAME OF BUSINESS (IF APPLICABLE): _____</p> <p>ADDRESS OF BUSINESS (IF APPLICABLE): _____</p>

**SCHEDULE B**

**(La. R.S. 42:1114C)**

**Transactions Involving the State or any Political Subdivision**

NAME OF STATE AGENCY/POLITICAL SUBDIVISION: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ NATURE OF BUSINESS ACTIVITY: _____ _____ _____
NAME OF STATE AGENCY/POLITICAL SUBDIVISION: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ NATURE OF BUSINESS ACTIVITY: _____ _____ _____
NAME OF STATE AGENCY/POLITICAL SUBDIVISION: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ NATURE OF BUSINESS ACTIVITY: _____ _____ _____
NAME OF STATE AGENCY/POLITICAL SUBDIVISION: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ NATURE OF BUSINESS ACTIVITY: _____ _____ _____
NAME OF STATE AGENCY/POLITICAL SUBDIVISION: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ NATURE OF BUSINESS ACTIVITY: _____ _____ _____