

# Registrars of Voters Employees' Retirement System

Kathy Bourque, Director  
 P.O. Box 1959, Gonzales, LA 70707-1959  
[kathy@larovers.com](mailto:kathy@larovers.com)  
 1-800-510-8515

PARISH: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	GROSS SALARY	7% EMPLOYEE CONTRIBUTIONS	18% EMPLOYER CONTRIBUTIONS
------------------------	------------------	--------------	---------------------------	----------------------------

ACTIVE MEMBERS	Do not include retirees, terminated employees or DROP participants			
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
5		\$	\$	\$
6		\$	\$	\$
7		\$	\$	\$
8		\$	\$	\$
9		\$	\$	\$
10		\$	\$	\$
11		\$	\$	\$
12		\$	\$	\$
13		\$	\$	\$
14		\$	\$	\$
15		\$	\$	\$
16		\$	\$	\$
17		\$	\$	\$
18		\$	\$	\$
19		\$	\$	\$
20		\$	\$	\$
<b>TOTAL FOR ACTIVE MEMBERS</b>		\$	\$	\$

DROP PARTICIPANTS				
1		\$	\$0	\$
2		\$	\$0	\$
3		\$	\$0	\$
<b>TOTAL FOR DROP PARTICIPANTS</b>		\$	\$	\$

**TOTAL FOR ACTIVE AND DROP PARTICIPANTS**

\$	\$	\$	\$
----	----	----	----

TOTAL AMOUNT OF CHECK(S)  
ENCLOSED

\$ \_\_\_\_\_

I hereby certify that the information shown is true and correct to the best of my knowledge.

(Signature)

\_\_\_\_\_  
Secretary-Treasurer or Designated Authority

\_\_\_\_\_  
Date

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_