

STATE OF _____

PARISH OF _____

**Electronic Filing Affidavit for Gubernatorial Transition/Inauguration Disclosure
Statement**

BEFORE ME, undersigned Notary Public, duly commissioned and qualified in and for the State and Parish aforesaid, therein residing, personally came and appeared:

Affiant's Name (Typed or Printed)

who, being duly sworn, declared that:

1. Affiant authorizes reports to be electronically filed with the Louisiana Board of Ethics.
2. Use of the password issued pursuant to this affidavit to submit reports represents Affiant's certification to the accuracy of all information contained in such reports.

_____ Affiant will be the only individual authorized to use the Electronic Filing Password to submit reports electronically to the Louisiana Board of Ethics.

_____ Affiant authorizes the following report preparer(s) to use the Electronic Filing Password to submit reports electronically to the Louisiana Board of Ethics:

(Type or print name)

(Type or print name)

Filer's Signature

SWORN TO AND SUBSCRIBED before me, this _____ day of _____, 20____.

Notary Public

**Electronic Filer Record for Gubernatorial Transition/
Inauguration Disclosure Statement**

Last Name _____
First Name _____
Entity (if applicable) _____
Street Address _____
City _____
ZIP Code _____
Phone Number: _____
FAX Number: _____
Email Address: _____

Authorized Preparer(s):
Company: _____
Name _____
Phone Number: _____
FAX Number: _____
Email Address: _____

Name _____
Phone Number: _____
FAX Number: _____
Email Address: _____

Comments: _____

Office Use Only

Affidavit Received: ___ / ___ /20 ___
Assigned Filer ID: _____
Date Organized: ___ / ___ /20 ___

Please file the completed form with the Louisiana Board of Ethics
by mail at:

Louisiana Board of Ethics
P.O. Box 4368
Baton Rouge, LA 70821