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