

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)

\_\_\_\_\_  
Affiant's Signature

SWORN TO AND SUBSCRIBED before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (sign)

\_\_\_\_\_  
Notary Public (Type or Print name)

\_\_\_\_\_  
Notary/Bar Roll Number

**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