STATE OF _________________
PARISH OF ________________

ELECTRONIC FILING AFFIDAVIT

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. Affiant is the Chairman or Treasurer (please circle appropriate position) of the following political committee:

   Name of Political Committee (Type or print name)

3. 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 further declared that:

_____ 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

| Affiant’s Last Name | ______________________________________________________________ |
| Affiant’s First Name | ______________________________________________________________ |
| 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