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 is a candidate.
2. Affiant authorizes reports to be electronically filed with Louisiana Board of Ethics.
3. Use of the password issued pursuant to this affiant 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 (sign)

__________________________
Notary Public (Type or Print name)

__________________________
Notary/Bar Roll Number
Electronic Filer Record

Candidate Electronic Filer Record:

Last Name: ____________________________
First Name: ___________________________
Street Address: ________________________
City: ________________________________
Zip Code: ____________________________
Phone Number: ________________________
Fax Number: __________________________
Email Address: ________________________

Authorized Preparer(s):
Company: _____________________________
Name: ________________________________
Telephone No: ________________________
FAX: _________________________________
Email Address: ________________________

Name: ________________________________
Telephone No: ________________________
FAX: _________________________________
Email Address: ________________________
Comments: __________________________

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

For Office Use Only: CFEFA
Affidavit Received: ____________
Assigned Filer ID: ____________
Date Organized: ____________