



I, \_\_\_\_\_, by submitting my name here, I solely endorse the candidacy of Dr. Donald R. Batiste for Orleans Parish School Board District 4. I do hereby authorize the use of my name, title, picture, likeness, and voice in any campaign announcement, advertisement, publication, literature, newspaper, radio, television, or public announcements, and other forms of outreach, both digital and hard copy, in support of Dr. Donald R. Batiste for Orleans Parish School Board District 4 and any fundraising activities related to the same.

Signature \_\_\_\_\_

*Affiant*

Cell phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_