

# Campaign Finance and Public Disclosure Board

190 Centennial Office Building, 658 Cedar St, St Paul, MN 55155

cfb.mn.gov



## Registration and Statement of Organization

### Principal Campaign Committee

under Minn. Stat. §§ 10A.14 and 10A.105

#### Instructions

- A principal campaign committee is required to register with the Board within 14 days after the committee raises or spends in excess of \$750, and is required to amend the registration within 10 days after any change in previously filed information.
- Unless otherwise noted, all sections must be filled in before the committee can be registered.
- This form may be emailed to [cfb.reports@state.mn.us](mailto:cfb.reports@state.mn.us) or faxed to 651-539-1196 or 800-357-4114.
- All information on this form is public information and may be published on the Board's website.
- Board staff may be reached by phone at 651-539-1188 or 800-657-3889 or by email at [cfb.reports@state.mn.us](mailto:cfb.reports@state.mn.us).

#### Registration

New Registration

Amendment: Registration No. \_\_\_\_\_

#### Candidate

Candidate name	
Address (line 1)	
Address (line 2)	
City, state, zip	
Telephone	Email address

#### Office sought

Constitutional office (Specify) \_\_\_\_\_  Senate: Distr # \_\_\_\_\_  House of Representatives: Distr # \_\_\_\_\_

Supreme Court  Appeals Court  District Court: Distr # \_\_\_\_\_ Seat # \_\_\_\_\_

#### Party affiliation (check one; judicial candidates are not required to check their party affiliation)

Democratic-Farmer-Labor Party  Grassroots-Legalize Cannabis Party  Libertarian Party

Republican Party  Legal Marijuana Now! Party  Other: \_\_\_\_\_

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180 or 800-657-3889. TTY/TDD users may contact the Board through the Minnesota Relay by calling 711 or 800-627-3529.

**Committee****Chair**

Committee name	Chair name
Address (line 1)	Address (line 1)
Address (line 2)	Address (line 2)
City, state, zip	City, state, zip
Telephone	Telephone
Website	Email address

**Treasurer****Deputy Treasurer (optional)**

Treasurer name	Deputy treasurer name
Address (line 1)	Address (line 1)
Address (line 2)	Address (line 2)
City, state, zip	City, state, zip
Telephone	Telephone
Email address	Email address

**Depository (financial institution) of committee**

Name of bank/credit union
Address
City, state, zip

**Certification**

I, \_\_\_\_\_, certify that this statement represents the single registration for this candidate for this office and that this statement is complete, true, and correct.  
 (print or type name)

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 Signature of treasurer or candidate

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 Date

**Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.**