

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 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.

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)

Signature of treasurer or candidate

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.