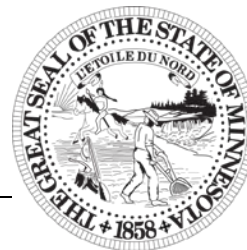


# Campaign Finance and Public Disclosure Board

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

<https://cfb.mn.gov/>



## Report of Receipts and Expenditures for Independent Expenditure Committees and Funds Period covered: January 1 through December 31, 2018 REPORT DUE DATE IS JANUARY 31, 2019

### FILING INSTRUCTIONS

- This report 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 report is public information and may be published on the Board's website at <https://cfb.mn.gov/>
- It is unlawful to use this information for commercial purposes.
- Board staff may be reached by phone at 651-539-1180 or 800-657-3889 or by email at [cfb.reports@state.mn.us](mailto:cfb.reports@state.mn.us)

### COMMITTEE OR FUND INFORMATION

|                            |                               |
|----------------------------|-------------------------------|
| Committee or fund name     | Registration Number           |
| Treasurer Name             | Treasurer Email address       |
| Treasurer address          |                               |
| Treasurer city, state, zip | Treasurer Telephone (Daytime) |

### REPORT OPTIONS

Check one of the report option boxes below **only if applicable** and provide the requested information.

- No change statement** Check this box only if your committee or fund received *no* contributions and made *no* expenditures since your last reporting period. Do not use this statement if there was any monetary change. If there was no change:

Provide the current cash balance: \$ \_\_\_\_\_, and sign here

\_\_\_\_\_, I, the  treasurer or  deputy treasurer (check one), \_\_\_\_\_ Date  
certify there has been no change and this report is complete, true and correct.

- Amendment** Check this box if your committee or fund is filing this report to amend a report previously filed for the same period.

- Termination** Check this box if your committee or fund has dissolved. Do not check this box unless the committee has settled all its debts and disposed of all its assets in excess of \$100.

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180, 800-657-3889, or through the Minnesota Relay Service at 800-627-3529.

For office use only

Checked in  Scanned  Data entered

## COMMITTEE OR FUND TRANSACTION INSTRUCTIONS

- Line 1** Beginning cash balance must be the same as the December 31, 2017, ending cash balance. For committees or funds registered in 2018 the beginning cash balance is zero.
- Line 2** Contributions received by your committee or fund from individuals or registered political committees and political funds.
- Line 3** Contributions received from corporations and other unregistered associations that were derived from the operation of a business.
- Line 4** Contributions received from corporations and other unregistered associations that were derived from membership dues or fees or donations to the corporation or unregistered association. **Compliance Alert:** Contact each donor reported on schedule A1-UA to determine if you must obtain a disclosure statement from that donor.
- Line 5** Receipts from a loan made to your committee or fund by an individual, financial institution, registered committee or unregistered association during the reporting period.
- Line 6** Miscellaneous Income received by your committee or fund that is not a contribution or loan (i.e., interest from an interest bearing account, repayment of a loan made by your committee or fund, sale of asset owned by your committee).
- Line 7** Total income received during the reporting period. **Note:** Beginning cash balance **is not** added to this amount.
- Line 8** General expenditures to cover the administrative and operating costs of the committee or fund. This includes fundraising costs, and the cost of communications that do not constitute contributions or approved expenditures.
- Line 9** Amount your committee donated to other independent expenditure committees and funds or to ballot question committees and funds.
- Line 10** Independent expenditures made on behalf of a *state level* legislative, judicial, or constitutional office candidate without the expressed or implied consent, authorization, cooperation of, or at the request or suggestion of the candidate, candidate's treasurer, or candidate's agent. ***If your committee or fund made independent expenditures, you must sign and have notarized the Affidavit of Independent Expenditures on page 18.***
- Line 11** Expenditures made to promote or defeat a *state ballot question* (constitutional amendment).
- Line 12** Total expenditures by the committee or fund during the reporting period. This amount should equal the total of lines 8, 9, 10, and 11.
- Line 13** Ending cash balance. Reported ending cash balance must be reconcilable with balance stated by committee or fund depositories.

## COMMITTEE OR FUND TRANSACTION SUMMARY

|   |   |    |
|---|---|----|
| 1 | Beginning cash balance 1/1/18 <b>(should be the same as the 12/31/17 ending cash balance)</b> | \$ |
|---|---|----|

| <b>A</b> | <b>RECEIPTS:</b>  |                        | Cash (Col. 1) | Blank (Col. 2) | In-kind (Col. 3) | Total (Col. 4) |
|----------|---|------------------------|---------------|----------------|------------------|----------------|
| 2        | Total contributions received from individuals and registered committees or funds                              | Schedule A1 - IR       | \$            |                | \$               | \$             |
| 3        | Total contributions received from unregistered associations that was derived from business revenue            | Schedule A1 - BR       | \$            |                | \$               |                |
| 4        | Total contributions received from unregistered associations that were derived from fees, dues, and donations. | Schedule A1 - UA       | \$            |                | \$               | \$             |
| 5        | Receipts from loans payable   | Schedule A2 - LP       | \$            |                |                  | \$             |
| 6        | Miscellaneous income  | Schedule A2 - MISC     | \$            |                |                  | \$             |
| 7        | <b>TOTAL RECEIPTS</b>   | <b>Sum: #2 thru #6</b> | \$            |                | \$               | \$             |

| <b>B</b> | <b>DISBURSEMENTS:</b>  |                           | Cash (Col. 1) | Unpaid bills (Col. 2) | In-kind (Col. 3) | Total (Col. 4) |
|----------|--|---------------------------|---------------|-----------------------|------------------|----------------|
| 8        | General Expenditures   | Schedule B1 - EXP         | \$            | \$                    | \$               | \$             |
| 9        | Contributions to Independent Expenditure or Ballot Question Committees and Funds | Schedule B2 - IND PCF     | \$            |                       | \$               | \$             |
| 10       | Independent expenditures <b>See required form on page 18</b>                     | Schedule B3 - IND         | \$            |                       | \$               | \$             |
| 11       | State ballot question expenditures   | Schedule B4 - BQ          | \$            | \$                    | \$               | \$             |
| 12       | <b>TOTAL EXPENDITURES</b>  | <b>Sum: #8 thru #11</b>   | \$            | \$                    | \$               | \$             |
| 13       | <b>Ending cash balance on 12/31/18</b>   | <b>Sum: #1 + #7 - #12</b> | \$            |                       |                  |                |

## INSTRUCTIONS FOR LOANS, AND UNPAID OBLIGATIONS SUMMARY

**Report on this page all outstanding loans, and unpaid bills owed by your committee.**

- Line 14A** Outstanding balances of all loans incurred by your committee during the current year as reported on Schedule A2-LP, column 2, page 13.
- Line 14B** Outstanding balances of all loans incurred by your committee during any prior reporting year as reported on Schedule C, Column 2, page 23.
- Line 15A** Total unpaid obligations incurred during current year as reported on the Transaction Summary Line 12, column 2, page 3.
- Line 15B** Total unpaid obligations incurred during any prior reporting year as reported on Schedule D, Column 1, page 23.

## CERTIFICATION

This report must be signed and dated by the current treasurer or deputy treasurer of record. The original signature of the person responsible for preparation or filing of this report is required to make the report complete\*. Only signed reports may be filed with the Board.

*\*A document filed by facsimile transmission meets this requirement if the original document being transmitted bears the required signature.*

## LOANS AND UNPAID OBLIGATIONS SUMMARY

|     |   |                    |    |
|-----|---|--------------------|----|
| 14A | Total outstanding balance of all loans incurred during the current reporting year           | Schedule A2-LP     | \$ |
| 14B | Total outstanding balance of all loans incurred during any year prior to the reporting year | Schedule C         | \$ |
| 14C | Total outstanding balances of all loans   | Sum<br>#14A + #14B | \$ |

|     |   |                                   |    |
|-----|---|-----------------------------------|----|
| 15A | Total unpaid obligations incurred during current reporting year               | From page 3,<br>line 12, column 2 | \$ |
| 15B | Total unpaid obligations incurred during any year prior to the reporting year | Schedule D                        | \$ |
| 15C | Total unpaid obligations  | Sum<br>#15A + #15B                | \$ |

|    |                         |                    |    |
|----|-------------------------|--------------------|----|
| 16 | Total debt of committee | Sum<br>#14C + #15C | \$ |
|----|-------------------------|--------------------|----|

## CERTIFICATION

I, \_\_\_\_\_, certify that this report is complete, true, and correct  
Print or type name

\_\_\_\_\_  
 Signature of (check one):  treasurer  deputy treasurer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Registration no.

**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.**

## INSTRUCTIONS FOR SCHEDULE A1 - IR

Use this schedule to itemize contributions received by your committee or fund from individuals or other political committees and political funds registered with the Campaign Finance and Public Disclosure Board.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are received from the same source, show the source's name once and list all contributions from that source separately under the source's name.

Contributions from individuals, made on a joint checking account, are considered to be a contribution in equal proportions by the person(s) who signed the check unless the treasurer has personal knowledge or ascertains from the account holder who did not sign the check that the person is a joint contributor. If more than \$200 in aggregate is received from each contributor, disclose each contributor on a separate line with all the required information.

**Entries must be in alphabetical order.**

**For itemized transactions you must disclose the:**

- date the contribution was RECEIVED by your committee,
- registration number (required), if contributor is political committee, political fund, party unit, or state candidate committee,
- name of contributor,
- if the contributor is an individual, you must disclose the name of contributor's employer (if self-employed, list "self" and disclose the individual's occupation)
- contributor's full address (street, city, state, and zip code), and
- amount of contribution(s) received from this contributor.
- if the contribution is in-kind you list the item or service contributed and the items fair market value in column 2
- the total the cash and in-kind contribution value in column 3

**Do not itemize contributions that total \$200 or less from any one source.**

**For non-itemized transactions:**

Disclose the total of all contributions of \$200 or less from all sources on the "Non-itemized receipts" line at the bottom of the schedule.

## SCHEDULE A1 - IR - CONTRIBUTIONS RECEIVED FROM INDIVIDUALS AND REGISTERED COMMITTEES

Make photocopies of this page if additional space is needed

Page \_\_\_\_\_ of \_\_\_\_\_

| Date                                  | Committee registration number<br><b>REQUIRED</b> | Name and full address of contributor<br>If contributor is an individual list the name of employer<br>(if self-employed, list "self" & disclose the occupation) | 1 Cash                      | 2 In-kind<br>(list item & fair market value) | 3 Total<br>Cash & in-kind   |
|---------------------------------------|--|--|-----------------------------|--|-----------------------------|
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
|                                       | #  |  | \$                          | \$   | \$                          |
| <b>Total of non-itemized receipts</b> |  |  | \$                          | \$   | \$                          |
| <b>TOTALS</b>                         |  |  | \$                          | \$   | \$                          |
|                                       |  |  | To pg. 3, line 2,<br>col. 1 | To pg. 3, line 2,<br>col. 3                  | To pg. 3, line 2,<br>col. 4 |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE A1 - BR

Use this schedule to itemize contributions received from a corporation or unregistered association that used revenue derived from the operation of a business as funding for the contribution to your committee or fund.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are received from the same source, show the source's name once and list all contributions from that source separately under the source's name.

### **Compliance Alert: Disclosure of Underlying Source of Funding**

A corporation or other unregistered association that used revenue from the operation of a business to make the contribution to your committee or fund is listed on this schedule. No additional disclosure is required from the corporation or unregistered association when business revenue is the source of the contribution.

### **Compliance Alert: Obtain a Statement from the Contributor**

Although not required, the Board strongly recommends that treasurers of independent expenditure committees and independent expenditure funds request a written statement from the corporation or other unregistered association to document that only business revenue was used for the contribution. The statement is for your records, and does not need to be provided to the Board.

**Entries must be in alphabetical order.**

### **For itemized transactions you must disclose the:**

- date the contribution was RECEIVED by your committee or fund,
- name of corporation or other unregistered association that provided the contribution
- the contributor's full address (street, city, state, and zip code)
- amount of contribution(s).
- if the contribution is in-kind you list the item or service contributed in column 3 along with its fair market value
- total of the cash and in-kind contribution value in listed in column 4

**Do not itemize contributions that total \$200 or less from any one association.**

### **For non-itemized transactions:**

Disclose the total of all contributions of \$200 or less from all corporations and unregistered associations that used revenue from the operation of a business to make the contributions on the "Non-itemized receipts" line at the bottom of the schedule.



**SCHEDULE A1 - BR - CONTRIBUTIONS DERIVED FROM BUSINESS REVENUE**

Make photocopies of this page if additional space is needed

Page \_\_\_\_ of \_\_\_\_

| Date                                       | Name and full address of contributor | 1 Cash                   | 3 In-kind<br>(list item & fair market value) | 4 Total<br>Cash & in-kind |
|--|--------------------------------------|--------------------------|--|---------------------------|
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
|  |                                      | \$                       | \$   | \$                        |
| <b>Total of non-itemized contributions</b> |                                      | \$                       | \$   | \$                        |
| <b>TOTALS</b>                              |                                      | \$                       | \$   | \$                        |
|  |                                      | To pg. 3, line 3, col. 1 | To pg. 3, line 3, col. 3                     | To pg. 3, line 3, col. 4  |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE A1 - UA

Use this schedule to report contributions received from a corporation or unregistered association that used the proceeds from membership fees, membership dues, or donations from individuals or other associations as funding for the contribution to your committee or fund.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are received from the same source, show the source's name once and list all contributions from that source separately under the source's name.

### **Compliance Alert: Disclosure of Underlying Source of Funding**

A corporation or unregistered association that used membership fees, membership dues, or other donations as the source of funding for the contribution to your committee is required to provide a statement of disclosure with the contribution if the donor association has given \$5,000 or more in aggregate to independent expenditure committees and funds registered in the state during the calendar year.

You must forward a copy of the disclosure statement to the Board with the next Report of Receipts and Expenditures due after receiving the contribution.

**Failure to file a required disclosure statement from a corporation or other unregistered association in a timely manner is punishable by a fine of up to four times the amount of the contribution, not to exceed \$25,000.**

The Board has prepared a form with instructions that may be used by donors who are required to disclose underlying sources of funding. The form is available at:

[https://cfb.mn.gov/pdf/forms/cf\\_reports/2018\\_IEPCF\\_underlying\\_disclosure.pdf](https://cfb.mn.gov/pdf/forms/cf_reports/2018_IEPCF_underlying_disclosure.pdf)

**Entries must be in alphabetical order.**

### **For itemized transactions you must report the:**

- date the contribution was RECEIVED by your committee or fund,
- name of corporation or other unregistered association that provided the contribution
- the full address (street, city, state, and zip code) of the contributor
- amount of contribution(s).
- if the contribution is in-kind you list the item or service contributed in column 2 along with its fair market value
- total of the cash and in-kind contribution value in listed in column 3
- if the contributor was required to provide a statement of disclosure with the contribution in column 4.

Do not itemize contributions that total \$200 or less from any one association.

### **For Non-itemized contributions:**

Disclose the total of all contributions of \$200 or less from all corporations and unregistered associations that used the proceeds from membership fees, membership dues, or contributions from individuals or other associations as funding for the contributions to your committee or fund on the "Non-itemized receipts" line at the bottom of the schedule.



## INSTRUCTIONS FOR SCHEDULE A2 - LP

All entries must be in alphabetical order.

Use this schedule to itemize loans received during this calendar year that in aggregate total more than \$200 owed to any one financial institution, individual, or other entity.

### **For itemized transactions you must disclose the:**

- date the loan was originally made,
- name of the lender and any endorsers\*,
- full address (street, city, state, and zip code) of the lender and any endorsers, and
- amount of the loan.

\*For individuals who are lenders of more than \$200 or endorsers guaranteeing more than \$200 of the loan, you must disclose the individual's occupation and employer (if self-employed, list "self" and disclose the individual's occupation).

Do not itemize loans that total \$200 or less from any one entity.

### **For Non-itemized transactions:**

Disclose the total of all loans of \$200 or less on the "Non-itemized receipts" line at the bottom of the schedule.

## INSTRUCTIONS FOR SCHEDULE A2 - MISC

Use this schedule to itemize all receipts from miscellaneous income that in aggregate total more than \$200 from any one source including repayment of loans made by your committee or fund to an individual or other entity.

### **For itemized transactions you must disclose the:**

- date the receipt was originally received,
- name of the source,
- full address (street, city, state, and zip code) of the source of the receipt,
- description of purpose or type of miscellaneous income (sale of item, interest from bank account, etc.) and
- amount of receipt(s).

Do not itemize receipts that total \$200 or less.

### **For non-itemized transactions:**

Disclose the total of all receipts from miscellaneous income of \$200 or less on the "Non-itemized receipts" line at the bottom of the schedule.

## SCHEDULE A2 - LP - RECEIPTS FROM LOANS INCURRED IN CURRENT YEAR

Make photocopies of this page if additional space is needed.

Page \_\_\_\_ of \_\_\_\_

| Date                                  | Name and full address<br>Name of employer if individual<br>(if self-employed, list "self" & disclose the occupation) | Col. 1<br>Original loan amount  | Col. 2<br>Outstanding balance on loan |
|---------------------------------------|--|---------------------------------|---------------------------------------|
|                                       |  | \$                              | \$                                    |
|                                       |  | \$                              | \$                                    |
|                                       |  | \$                              | \$                                    |
|                                       |  | \$                              | \$                                    |
| <b>Total of non-itemized receipts</b> |  | \$                              | \$                                    |
| <b>TOTALS</b>                         |  | \$                              | \$                                    |
|                                       |  | To pg. 3, line 5,<br>col. 1 & 4 | To pg. 5,<br>line 14A                 |

## SCHEDULE A2 - MISC - RECEIPTS FROM MISCELLANEOUS INCOME

| Date                                  | Name and full address<br>Name of employer if individual<br>(if self-employed, list "self" & disclose the occupation) | Description or purpose of miscellaneous income | Total receipts from miscellaneous income |
|---------------------------------------|--|--|--|
|                                       |  |  | \$                                       |
|                                       |  |  | \$                                       |
|                                       |  |  | \$                                       |
|                                       |  |  | \$                                       |
| <b>Total of non-itemized receipts</b> |  |  | \$                                       |
| <b>TOTALS</b>                         |  |  | \$                                       |
|                                       |  |  | To pg. 3, line 6,<br>col. 1 & 4          |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE B1 - EXP

Use this schedule to itemize all expenditures made by your committee or fund excluding the cost of independent expenditures or ballot question expenditures.

You must itemize disbursements that in aggregate total more than \$200 to any one payee. When multiple transactions occur with one payee, show payee's name once and list all transactions with that payee separately under the payee's name.

Entries must be in alphabetical order.

### **For itemized transactions you must disclose the:**

- date your committee or fund made each expenditure,
- name of payee\*,
- payee's full address, (street, city, state, and zip code),
- specific purpose of expenditure, and
- amount of disbursement(s).

### **COMPLIANCE ALERT!**

Reporting reimbursements to people who purchased items on behalf of your committee or payments to credit card companies requires you to provide some extra information.

To report a reimbursement or credit card payment:

- 1) List the name and complete address of the payee (the person being reimbursed or the credit card company being paid).
- 2) In the "specific purpose" column include:
  - a. The name of each vendor of goods or services being reimbursed or that is being paid for through the credit card company;
  - b. If the total of the reimbursement or credit card payment attributable to a vendor is more than \$200, include the vendor's complete address.
  - c. A description of the item or services for which reimbursement is being made;
  - d. The date of the payment;
  - e. The amount of the payment.

Alternatively, a committee may report each underlying expenditure being reimbursed as a separate expenditure to the underlying vendor.

### **Non-itemized transactions:**

Disclose the total of all expenditures made of \$200 or less on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

## SCHEDULE B1 - EXP – GENERAL EXPENDITURES

Make photocopies of this page if additional space is needed.

Page \_\_\_\_ of \_\_\_\_

| Date  | Name and full address of payee,<br>including third party payees | Specific purpose of expenditure | Col. 1<br>Cash              | Col. 2<br>Unpaid bills      | Col. 3 In-kind<br>(list item & fair<br>market value) | Col. 4<br>Total             |
|---|---|---------------------------------|-----------------------------|-----------------------------|--|-----------------------------|
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | \$                          | \$                          | \$   | \$                          |
| <b>Total of non-itemized expenditures/disbursements</b> |   |                                 | \$                          | \$                          | \$   | \$                          |
| <b>TOTALS</b>   |   |                                 | \$                          | \$                          | \$   | \$                          |
|   |   |                                 | To pg. 3, line<br>8, col. 1 | To pg. 3, line 8,<br>col. 2 | To pg. 3, line<br>8, col. 3                          | To pg. 3, line 8,<br>col. 4 |

## INSTRUCTIONS FOR SCHEDULE B2 – IND PCF

Use this schedule to itemize contributions given by your committee or fund to other independent expenditure committees or funds or to ballot question political committees or funds.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are given to the same committee or fund, show the receiving committee or fund's name once and list all transactions with that committee or fund under the committee or fund's name.

**Compliance Alert:** An independent expenditure political committee or fund is not permitted to make contributions to unrestricted political committees or funds, to candidates, or to party units. An independent expenditure political committee or fund may only contribute to another independent expenditure political committee or fund or to a ballot question political committee or fund.

**Entries must be in alphabetical order.**

**For itemized contributions you must disclose the:**

- date the contribution was given by your committee or fund,
- recipient committee or fund's registration number (required),
- name of recipient committee or fund,
- recipient committee or fund's full address (street, city, state, and zip code), and
- amount of contribution(s).

**Do not itemize contributions that in aggregate total \$200 or less.**

**For Non-itemized transactions:**

Disclose the total of all contributions of \$200 or less given to other political committees and political funds on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.



**SCHEDULE B2 – IND PCF - CONTRIBUTIONS TO INDEPENDENT EXPENDITURE  
COMMITTEES/FUNDS AND BALLOT QUESTION COMMITTEES/FUNDS**

Make photo copies of this page if additional space is needed.

Page \_\_\_\_ of \_\_\_\_

Entries must be in alphabetical order

| Date   | Committee registration number<br>REQUIRED | Name and full address of committee | Col. 1<br>Cash             | Col. 2 In-kind contribution<br>(list item & fair market value) | Col. 3<br>Total<br>Cash & in-kind |
|--|---|------------------------------------|----------------------------|--|-----------------------------------|
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
|  | #   |                                    | \$                         | \$   | \$                                |
| <b>Total of non-itemized contributions/disbursements</b> |   |                                    | \$                         | \$   | \$                                |
| <b>TOTALS</b>  |   |                                    | \$                         | \$   | \$                                |
|  |   |                                    | To pg 3, line 9,<br>col. 1 | To pg 3, line 9,<br>col 3                                      | To pg 3, line 9,<br>col 4         |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE B3 – INDEPENDENT EXPENDITURES

Use this schedule to itemize independent expenditures made by your committee or fund to advocate the election or defeat of a state legislative, judicial or constitutional office candidate only.

### Independent expenditure definition:

- An independent expenditure is an expenditure that advocates the election or defeat of a clearly identified candidate that is made without the express or implied consent, authorization, cooperation of, and not in concert with, or at the request or suggestion of any candidate, candidate's treasurer, or candidate's agent.

### Reporting Instructions for Independent Expenditures

- List independent expenditures alphabetically by the last name of the candidate that the expenditure was for or against.
- In the vendor column, list the name and address of the vendor paid. Use additional rows for multiple independent expenditures affecting the same candidate.
- If you do not spend more than \$200 on independent expenditures to elect or defeat a specific candidate, you do not itemize the expenditures under any candidate's name. Instead you include the amount in the Non-itemized Independent Expenditure total at the bottom of the schedule.
- Be sure to indicate if each itemized expenditure was for or against the candidate.
- If your committee makes an independent expenditure that lists more than one candidate you must allocate the cost of the expenditure between the candidates and report the allocated amount under each candidate's name.
- Return a completed Affidavit of Independent Expenditures (on the bottom of this page) with your report.

## AFFIDAVIT OF INDEPENDENT EXPENDITURES

**USE THIS FORM ONLY IF YOUR COMMITTEE MADE INDEPENDENT EXPENDITURES RELATED TO STATE LEGISLATIVE, JUDICIAL, OR CONSTITUTIONAL OFFICE**

State of Minnesota, County of \_\_\_\_\_) ss

**I, the undersigned treasurer, being first duly sworn, states as follows:**

1. The \_\_\_\_\_ made independent expenditures as described on schedule B3-Ind of the report which this affidavit accompanies. The independent expenditures made by the committee or fund were not made with the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, any candidate's principal campaign committee or agent.

### Notarization

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of treasurer

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of notary public or other officer empowered to administer oaths

Notary Seal

**SCHEDULE B3 – IND – INDEPENDENT EXPENDITURES**

Make photocopies of this page if additional space is needed.

Page \_\_\_\_ of \_\_\_\_

**FOR STATE LEGISLATIVE, CONSTITUTIONAL AND JUDICIAL OFFICE CANDIDATES ONLY  
LIST INDEPENDENT EXPENDITURES FOR LOCAL CANDIDATES ON SCHEDULE B1 - EXPENDITURES**

| Name of candidate affected and office sought (List last name, first name) | Candidate Registration Number REQUIRED | Date of Expenditure | Check One Candidate Expenditure is |         | Vendor (Name and Address of Vendor Paid) | Specific purpose of expenditure | 1 Cash                  | 2 Unpaid bills          | 3 In-kind (list item & fair market value) | 4 Total                 |
|---|--|---------------------|------------------------------------|---------|--|---------------------------------|-------------------------|-------------------------|---|-------------------------|
|   |  |                     | For                                | Against |  |                                 |                         |                         |   |                         |
|   | #                                      |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
|   | #                                      |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
|   | #                                      |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
|   | #                                      |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
|   | #                                      |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
|   | #                                      |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
| <b>Total of non-itemized expenditures/disbursements</b>                   |  |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
| <b>TOTALS</b>   |  |                     |                                    |         |  |                                 | \$                      | \$                      | \$  | \$                      |
|   |  |                     |                                    |         |  |                                 | To p. 3, line 10, col.1 | To p. 3, line 10 col. 2 | To p. 3, line 10 col. 3                   | To p. 3, line 10, col 4 |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE B4 – BQ – BALLOT QUESTIONS

Use this schedule to itemize expenditures made to promote or defeat a state ballot question.

**You must itemize expenditures that in aggregate total more than \$200 to any one vendor. When multiple transactions occur with one vendor, show the vendor's name once and list all transactions with that vendor separately under the vendor's name.**

Entries must be in alphabetical order.

**For itemized contributions you must disclose the:**

- date the expenditure was made by your committee;
- name of the vendor, including third party payees;
- vendor's full address (street, city, state, and zip code);
- identification of the ballot question
- amount and purpose of expenditure(s);

### **Description of Ballot Question**

In the third column describe the ballot question in a way that will clearly identify to the public which ballot question you are attempting to promote or defeat.

### **Non-itemized transactions:**

Do not itemize expenditures that total \$200 or less on any one vendor.

You must disclose the total of all expenditures of \$200 or less on the "Non-itemized expenditures/disbursements" line at the bottom of the form.

## SCHEDULE B4 – BQ – BALLOT QUESTIONS

Make photocopies of this page if additional space is needed.

Page \_\_\_ of \_\_\_

| Date   | Name and full address of vendor<br>(including third party payees) | Identification of<br>Ballot Question | Expenditure is<br>For or Against<br>Amendment |   | Purpose of<br>Expenditure | Col. 1<br>Cash              | Col 2.<br>Unpaid bills       | Col. 3<br>In-kind<br>(list item &<br>fair market<br>value) | Col. 4<br>Total             |
|--|---|--------------------------------------|---|---|---------------------------|-----------------------------|------------------------------|--|-----------------------------|
|  |   |                                      | F   | A |                           |                             |                              |  |                             |
|  |   |                                      |   |   |                           | \$                          | \$                           | \$   | \$                          |
|  |   |                                      |   |   |                           | \$                          | \$                           | \$   | \$                          |
|  |   |                                      |   |   |                           | \$                          | \$                           | \$   | \$                          |
|  |   |                                      |   |   |                           | \$                          | \$                           | \$   | \$                          |
| <b>Non-itemized expenditures/disbursements</b> |   |                                      |   |   |                           | \$                          | \$                           | \$   | \$                          |
| <b>TOTALS</b>                                  |   |                                      |   |   |                           | \$                          | \$                           | \$   | \$                          |
|  |   |                                      |   |   |                           | To pg. 3, line<br>11, col.1 | To pg. 3, line<br>11, col. 2 | To pg. 3, line<br>11, col 3                                | To pg. 3, line<br>11, col 4 |

It is unlawful to use this information for commercial purposes.

## **INSTRUCTIONS SCHEDULE C - LOANS INCURRED IN PRIOR YEARS**

You must disclose the:

- date the loan was originally made,
- name of the lender or endorser\*,
- full address of lender or endorser (street, city, state, and zip code),
- original amount of loan
- amount of the outstanding balance.

\* For receipts from an individual, you must disclose the individual's occupation and employers (if self-employed, list "self" and disclose the individual's occupation).

## **INSTRUCTIONS FOR SCHEDULE D – PRIOR YEAR UNPAID OBLIGATIONS**

Use this schedule to itemize all unpaid obligations from any year prior to the reporting year.

You must disclose the:

- month, day, year the obligation to pay was incurred,
- name of the creditor or individual owed,
- full address (street, city, state, and zip code) of the creditor or individual owed,
- purpose of the credit extension, and
- outstanding balance of the obligation.

## SCHEDULE C - LOANS INCURRED IN PRIOR YEARS

Make photocopies of this page if additional space is needed

Page \_\_\_\_ of \_\_\_\_

| Date of original loan | Name, full address, employer, and occupation for each lender, endorser, or borrower (if self-employed, list "self" and the occupation) | Col. 1 Original loan amount | Col. 2 Outstanding balance |
|-----------------------|--|-----------------------------|----------------------------|
|                       |  | \$                          | \$                         |
|                       |  | \$                          | \$                         |
|                       |  | \$                          | \$                         |
|                       |  | \$                          | \$                         |
| <b>TOTALS</b>         |  | \$                          | \$                         |
|                       |  |                             | To pg. 5, line 14B         |

## SCHEDULE D - UNPAID OBLIGATIONS FROM PRIOR YEARS

| Date          | Name and full address of each creditor | Purpose of credit extension | Col. 1 Outstanding Amount |
|---------------|--|-----------------------------|---------------------------|
|               |  |                             | \$                        |
|               |  |                             | \$                        |
|               |  |                             | \$                        |
|               |  |                             | \$                        |
| <b>TOTALS</b> |  |                             | \$                        |
|               |  |                             | To pg. 5, line 15B        |

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