

Campaign Finance and Public Disclosure Board



Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . www.cfboard.state.mn.us
Email at: cf.board@state.mn.us

2020 Independent Expenditure Disclosure for Individuals

FILING INSTRUCTIONS

- This report may be emailed to cfb.reports@state.mn.us or faxed to 651-539-1196; 800-357-4114
- All information on this form or report is public information and may be published on the Board's website at www.cfboard.state.mn.us
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.

INDIVIDUAL CONTACT INFORMATION

Individual name	
Individual Address	
Individual city, state, zip	
Individual email address (optional)	Individual telephone (daytime) (optional)

CERTIFICATION

I, _____, certify that this report is complete, true, and correct.
(print or type name)

Signature of individual

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.

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		
<input type="checkbox"/> Checked in	<input type="checkbox"/> Scanned	<input type="checkbox"/> Data entered

INSTRUCTIONS

Use this schedule to itemize independent expenditures made by you as an individual 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

- Itemize independent expenditures if you spend more than \$200 with a vendor or vendors per state candidate.
- List independent expenditures alphabetically by the last name of the candidate and the registration number 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 per candidate you do not itemize the expenditures for the candidate. 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 YOU MADE INDEPENDENT EXPENDITURES RELATED TO STATE LEGISLATIVE, JUDICIAL, OR CONSTITUTIONAL OFFICE

State of Minnesota, County of _____) ss

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

1. The _____ made independent expenditures as described on the report which this affidavit accompanies.

Name of individual

The independent expenditures made by myself 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 Individual

Date signed

Signature of notary public or other officer empowered to administer oaths

Notary Seal

INDEPENDENT EXPENDITURES

Make photocopies of this page if additional space is needed.

Page ____ of ____

FOR STATE LEGISLATIVE, CONSTITUTIONAL AND JUDICIAL OFFICE CANDIDATES ONLY

Name of candidate affected and office sought (List last name, first name)	Candidate Registration Number	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						
	#						\$	\$	\$	\$
	#						\$	\$	\$	\$
	#						\$	\$	\$	\$
	#						\$	\$	\$	\$
	#						\$	\$	\$	\$
Total of non-itemized expenditures/disbursements							\$	\$	\$	\$
TOTALS							\$	\$	\$	\$

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