



MINNESOTA CAMPAIGN FINANCE BOARD

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

cfb.mn.gov

Report of Receipts and Expenditures for Independent Expenditure Committees and Funds Period covered: January 1 through March 31, 2023

REPORT DUE DATE IS APRIL 14, 2023

FILING INSTRUCTIONS

- This report may be emailed to 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 www.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.

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 TRA COMMITTEE OR FUND TRANSACTION INSTRUCTIONS

- Line 1** Beginning cash balance must be the same as the December 31, 2022, ending cash balance. For committees or funds registered in 2023 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 ballot question committees and funds or to independent expenditure committees and funds.
- Line 10A** Independent expenditures made on behalf of a state 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 made independent expenditures, you must sign and have notarized the Affidavit of Independent Expenditures on pg. 18.***
- Line 10B** Independent expenditures made on behalf of a local candidate committee in HENNEPIN county (Hennepin County offices, seats on SSD1 (Minneapolis Public Schools) School Board, or a municipal office of the cities of Minneapolis, Bloomington, Brooklyn Park, or Plymouth) 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 made independent expenditures, you must sign and have notarized the Affidavit of Independent Expenditures on pg. 18.***
- Line 11A** All expenditures made by your committee made to promote or defeat a *state ballot question* (constitutional amendment). **Expenditures for local (other than Hennepin county referendums should be reported as general expenditures.**
- Line 11B** All expenditures made by your committee made to promote or defeat a *ballot question in HENNEPIN* county (Hennepin County offices, SSD1 (Minneapolis Public Schools), or the cities of Minneapolis, Bloomington, Brooklyn Park, or Plymouth). **Expenditures for other local referendums should be reported as general expenditures.**
- Line 12** Total expenditures by the committee or fund during the reporting period. This amount should equal the total of lines 8, 9, 10A, 10B, 11A, and 11B.
- 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 1/1/23 (should be the same as the 12/31/22 ending cash balance)	\$
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A RECEIPTS: Cash (Col. 1) Blank (Col. 2) In-kind (Col. 3) Total (Col. 4)

2	Total contributions received from individuals and registered committees or funds	Sch. A1 - IR	\$		\$	\$
3	Total contributions received from unregistered associations that was derived from business revenue	Sch. A1 - BR	\$		\$	
4	Total contributions received from unregistered associations that were derived from fees, dues, and donations.	Sch. A1 - UA	\$		\$	\$
5	Receipts from loans payable	Sch. A2 - LP	\$			\$
6	Miscellaneous income	Sch. A2 - MISC	\$			\$
7	TOTAL RECEIPTS	Sum #2 thru #6	\$		\$	\$

B DISBURSEMENTS: Cash (Col. 1) Unpaid bills (Col. 2) In-kind (Col. 3) Total (Col. 4)

8	General Expenditures	Sch. B1 - EXP	\$	\$	\$	\$
9	Contributions to Independent Expenditure or Ballot Question Committees and Funds	Sch. B2 – IND PCF	\$		\$	\$
10 A	Independent expenditures <i>See required form on page 18.</i>	Sch. B3A - IE	\$		\$	\$
10 B	Independent expenditures for Hennepin Co. candidates. <i>See required form on page 18.</i>	Sch. B3B – HEN IE	\$	\$	\$	\$
11 A	State ballot question expenditures	Sch. B4A – BQ	\$	\$	\$	\$
11 B	Hennepin Co. ballot question expenditures	Sch. B4B – HEN BQ	\$	\$	\$	\$
12	TOTAL EXPENDITURES	Sum #8 thru #11B	\$	\$	\$	\$
13	Ending cash balance 3/31/23	#1 + #7 - #12	\$			

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 #14A + #14B	\$

15A	Total unpaid obligations incurred during current reporting year	From pg. 3, line 13, col 2	\$
15B	Total unpaid obligations incurred during any year prior to the reporting year	Sch. D	\$
15C	Total unpaid obligations	Sum #15A + #15B	\$

16	Total debt of committee	Sum #14C + #15C	\$
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CERTIFICATION

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

 Signature of treasurer deputy treasurer (check one)

 Date

 Registration #

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 \$500. 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 \$500 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 \$500 or less from any one source.

For Non-itemized transactions:

Disclose the total of all contributions of \$500 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 REQUIRED	Name and full address of contributor If contributor is an individual list the name of employer (if self-employed, list "self" & disclose the occupation)	1 Cash	2 In-kind (list item & fair market value)	3 Total Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Total of non-itemized receipts			\$	\$	\$
TOTALS			\$	\$	\$
			To pg. 3, line 2, col. 1	To pg. 3, line 2, col. 3	To pg. 3, line 2, 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 \$500. 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 \$500 or less from any one association.

For Non-itemized transactions:

Disclose the total of all contributions of \$500 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 (list item & fair market value)	4 Total Cash & in-kind
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total of non-itemized contributions		\$	\$	\$
TOTALS		\$	\$	\$
		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 \$500. 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:

http://www.cfboard.state.mn.us/forms/PCF/2019_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 \$500 or less from any one association.

For Non-itemized contributions:

Disclose the total of all contributions of \$500 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.

SCHEDULE A1 - UA – OTHER CONTRIBUTIONS FROM UNREGISTERED ASSOCIATIONS

Make photocopies of this page if additional space is needed

Page ____ of ____

Date	Name and full address of contributor	1. Cash	2. In-kind (list item & fair market value)	3. Total Cash & in-kind	4. Disclosure Statement Required
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total of non-itemized contributions		\$	\$	\$	
TOTALS		\$	\$	\$	
		To pg. 3, line 4, col. 1	To pg. 3, line 4, col. 3	To pg. 3, line 4, col. 4	

It is unlawful to use this information for commercial purposes.

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 \$500 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 \$500 or endorsers guaranteeing more than \$500 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 \$500 or less from any one entity.

For Non-itemized transactions:

Disclose the total of all loans of \$500 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 \$500 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 \$500 or less.

For non-itemized transactions:

Disclose the total of all receipts from miscellaneous income of \$500 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 Name of employer if individual (if self-employed, list "self" & disclose the occupation)	Col. 1 Original loan amount	Col. 2 Outstanding balance on loan
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total of non-itemized receipts		\$	\$
TOTALS		\$	\$
		To pg. 3, line 5, col. 1 & 4	To pg. 5, line 14A

SCHEDULE A2 - MISC – RECEIPTS FROM MISCELLANEOUS INCOME

Date	Name and full address Name of employer if individual (if self-employed, list "self" & disclose the occupation)	Description or purpose of miscellaneous income	Total receipts from miscellaneous income
			\$
			\$
			\$
			\$
Total of non-itemized receipts			\$
TOTALS			\$
			To pg. 3, line 6, 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, including third party payees	Specific purpose of expenditure	Col. 1 Cash	Col. 2 Unpaid bills	Col. 3 In-kind (list item & fair market value)	Col. 4 Total
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total of non-itemized expenditures/disbursements			\$	\$	\$	\$
TOTALS			\$	\$	\$	\$
			To pg. 3, line 8, col. 1	To pg. 3, line 8, col. 2	To pg. 3, line 8, col. 3	To pg. 3, line 8, 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

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Page ____ of ____

Entries must be in alphabetical order

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

It is unlawful to use this information for commercial purposes.

INSTRUCTIONS FOR SCHEDULE B3A - IE and SCHEDULE B3B - HEN IE

Use Schedule B3A - IE to itemize independent expenditures made by your committee to advocate the election or defeat of a state legislative, judicial or constitutional office candidate only.

Use Schedule B3B - HEN IE to itemize independent expenditures by your committee to advocate the election or defeat of a local candidate in HENNEPIN County (Hennepin County offices, seats on SSD1 (Minneapolis Public Schools) School Board, or a municipal office of the cities of Minneapolis, Bloomington, Brooklyn Park, or Plymouth).

Independent expenditure definition:

An independent expenditure is an expenditure that expressly advocates the election or defeat of a clearly identified candidate or local candidate, and is made without the express or implied consent, authorization, or cooperation of, and not in concert with or at the request or suggestion of, any candidate or any candidate's principal campaign committee or agent or any local candidate or local 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 REQUIRED TO BE INCLUDED IN SCHEDULES B3A - IE OR B3B - HEN IE

State of Minnesota, County of _____) ss

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

1. The _____ made independent expenditures as described
Name of committee/fund
on schedule B3A - IE or B3B - HEN IE of the report which this affidavit accompanies. The independent expenditures made by the committee or fund were not made with the express or implied consent, authorization, or cooperation of, and were not made in concert with or at the request or suggestion of, any candidate or any candidate's principal campaign committee or agent or any local candidate or local candidate's agent.

Signature of treasurer

Date signed

Notarization

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Signature of notary public or other officer empowered to administer oaths

Notary Seal

SCHEDULE B3A - IE – 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 (other than Hennepin County 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	Col. 1 Cash	Col. 2 Unpaid bills	Col. 3 In-kind (list item & fair market value)	Col. 4 Totals
			For	Against						
	#						\$	\$	\$	
	#						\$	\$	\$	
	#						\$	\$	\$	
	#						\$	\$	\$	
	#						\$	\$	\$	
	#						\$	\$	\$	
Total of non-itemized expenditures							\$	\$	\$	\$
TOTALS							\$	\$	\$	\$
							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.

SCHEDULE B3B - HEN IE – INDEPENDENT EXPENDITURES

Make photocopies of this page if additional space is needed.
FOR HENNEPIN COUNTY CANDIDATES ONLY

Page ____ of ____

LIST INDEPENDENT EXPENDITURES FOR OTHER LOCAL CANDIDATES ON SCHEDULE B1 - EXP

Name of candidate affected and office sought (List last name, first name)	Date of Expenditure	Check One Candidate Expenditure is	Vendor (Name and Address of Vendor Paid)	Specific purpose of expenditure	Col. 1 Cash	Col. 2 Unpaid bills	Col. 3 In-kind (list item & fair market value)	Col. 4 Totals	Name of candidate affected and office sought (List last name, first name)
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
					\$	\$	\$		
Total of non-itemized expenditures						\$	\$	\$	\$
TOTALS						\$	\$	\$	\$
						To page 3, line 10B, col.1	To page 3, line 10B, col. 2	To page 3, line 10B, col. 3	To page 3, line 10B, col, 4

It is unlawful to use this information for commercial purposes.

INSTRUCTIONS FOR SCHEDULE B4A - 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 expenditures 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 B4A - BQ – BALLOT QUESTION EXPENDITURES

Make photocopies of this page if additional space is needed.

Page ___ of ___

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

It is unlawful to use this information for commercial purposes.

INSTRUCTIONS FOR SCHEDULE B4B - HEN BQ

Use this schedule to itemize expenditures made toward promoting or defeating a ballot question *HENNEPIN* county (Hennepin County offices, SSD1 (Minneapolis Public Schools), or the cities of Minneapolis, Bloomington, Brooklyn Park, or Plymouth). If you made any expenditures regarding ballot questions in any other cities in Hennepin County not listed above, or in another county or city in the State of Minnesota, you would record those as General Expenditures on Schedule B1 – EXP.

You must itemize expenditures that in aggregate total more than \$200 to any one ballot question. 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 expenditures 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 Hennepin County ballot question
- Indication whether expenditure is in support of or opposition to the ballot question
- amount and purpose of expenditure(s);

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

For Non-itemized transactions:

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 B4B - HEN BQ – HENNEPIN COUNTY BALLOT QUESTION EXPENDITURES

Make photocopies of this page if additional space is needed.

Page ____ of ____

Date	Name and full address of vendor (including third party payees)	Identification of Hennepin County Ballot Question	Expenditure is For or Against Question		Purpose of Expenditure	Col. 1 Cash	Col. 2 Unpaid bills	Col. 3 In-kind (list item & fair market value)	Col. 4 Totals
			For	Against					
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
Total of non-itemized expenditures						\$	\$	\$	\$
TOTALS						\$	\$	\$	\$
						To page 3, line 11B, col.1	To page 3, line 11B, col. 2	To page 3, line 11B, col. 3	To page 3, line 11B, 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

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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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTALS		\$	\$
			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
			\$
			\$
			\$
			\$
TOTALS			\$
			To pg. 5, line 15B

It is unlawful to use this information for commercial purposes.