AFFIDAVIT OF INDEPENDENT EXPENDITURES

For the Year 20__

FILING INSTRUCTIONS

• This affidavit may be emailed to cfb.reports@state.mn.us or faxed to 651-539-1196 or 800-357-4114
• All information on this affidavit is public information and may be published on the Board’s website at 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
• Use this form only if your committee, fund, or party unit made independent expenditures related to a state legislative, judicial, or constitutional office candidate

State of ___________________________ )
County of ___________________________ ) ss

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

1. Committee, fund, or party unit information: (Please print or type)
   Committee/fund/party unit name: ________________________________
   Board registration number: ______

2. The committee, fund, or party unit reported independent expenditures on the Report of Receipts and Expenditures for the period January 1 through ______________________, 20__.

3. The independent expenditures made by the committee, fund, or party unit 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 or any candidate’s principal campaign committee or agent.

____________________________________________________   ______________________________
Signature of treasurer                                                                  Date signed

Notarization
Sworn and subscribed before me this _________ day of __________________. Notary Seal

Signature of notary public or other officer empowered to administer oaths

For office use only
Scanned □ Data entered □