

Campaign Finance and Public Disclosure Board



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2012 Independent Expenditure Disclosure for Individuals

FILING INSTRUCTIONS

- This report may be emailed to cfb.reports@state.mn.us or faxed to (651) 296-1722; (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

- 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.
- Itemize an expenditure to a particular vendor only if you spent more than \$100 with the vendor on independent expenditures. For example, if you purchased a \$50 advertisement for candidate A and another advertisement worth \$60 for candidate B you would list the vendor for each candidate because total independent expenditures with the vendor exceeds \$100. You only need to provide the address of a vendor the first time you list the vendor on schedule B3.
- If you do not spend more than \$100 with a vendor on independent expenditures you do not itemize the expenditures to that vendor 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 you make 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 | | | | | | | \$ | \$ | \$ | \$ |

It is unlawful to use this information for commercial purposes.