

# 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: cfb.reports@state.mn.us.

## Report of Receipts and Expenditures for Political Party State Central Committees and Legislative Caucuses Period Covered: January 1 through May 31, 2016 REPORT DUE DATE IS JUNE 14, 2016

### 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.cfboard.state.mn.us
- 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

|                            |                               |
|----------------------------|-------------------------------|
| Party unit name            | Registration number           |
| Treasurer name             | Treasurer email address       |
| Treasurer address          |                               |
| Treasurer city, state, zip | Treasurer telephone (daytime) |

### REPORT OPTIONS

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

- No change statement** Check this box only if your committee received *no* contributions and made *no* expenditures during this 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 that this report is complete, true and correct.
- Amendment** Check this box if your committee or fund is filing this report to amend a previously filed report for this period.  
Provide date of the report being amended: \_\_\_\_\_
- Termination** Check this box if your committee has dissolved. A committee may not dissolve unless it 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<br><input type="checkbox"/> Checked in <input type="checkbox"/> Scanned <input type="checkbox"/> Data entered |
|---|

## COMMITTEE TRANSACTION INSTRUCTIONS

- Line 1** Beginning cash balance must be the same as the December 31, 2015, ending cash balance. Beginning cash balances include money on deposit in banks and other depositories including checks, negotiable instruments and other paper commonly accepted by a bank as a deposit.
- Line 2** Contributions received by your committee.
- Line 3** Receipts from an individual, financial institution, or other entity received as a loan during this reporting period.
- Line 4** Income received by your committee that is not a contribution or loan (i.e., interest from an interest bearing account, repayment of a loan made by your committee to an individual or other entity).
- Line 6** All general expenditures made by your committee that do not fall within any other category listed, including committee operating costs and contributions given to federal and local candidates.
- Line 7A** All direct cash and in-kind contributions to candidate committees.
- Line 7B** All approved expenditures made on behalf of state legislative, judicial, or constitutional candidate committees.
- Line 7C** Total of lines 7A and 7B. The total amount of contributions to candidate committees.
- Line 8** Cash or in-kind contributions given by your committee to political party units.
- Line 9** Cash or in-kind contributions given by your committee to political committees or political funds.
- Line 10** 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 page 20.***
- Line 11** All expenditures made by your committee made to promote or defeat a *state ballot question* (constitutional amendment). **Expenditures for local referendums should be reported as general expenditures.**
- Line 12** Total expenditures made the committee or fund during the reporting period. This amount should equal the total of lines 6, 7C through 11.
- Line 13** Ending cash balance. Reported ending cash balance must be reconcilable with balance stated by committee depositories.

## COMMITTEE TRANSACTION SUMMARY

|   |   |    |
|---|---|----|
| 1 | Beginning cash balance 1/1/16 <b>(should be the same as the 12/31/15 ending cash balance)</b> | \$ |
|---|---|----|

**A RECEIPTS:** Cash (Col. 1) Blank (Col. 2) In-kind (Col. 3) Total (Col. 4)

|   |                              |                       |    |  |    |    |
|---|------------------------------|-----------------------|----|--|----|----|
| 2 | Total contributions received | Sch. A1 - CR          | \$ |  | \$ | \$ |
| 3 | Receipts from loans payable  | Sch. A2 - LP          | \$ |  |    | \$ |
| 4 | Miscellaneous income         | Sch. A2 - MISC        | \$ |  |    | \$ |
| 5 | <b>TOTAL RECEIPTS</b>        | <b>Sum #2 thru #4</b> | \$ |  | \$ | \$ |

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

|    |  |                              |    |    |    |    |
|----|--|------------------------------|----|----|----|----|
| 6  | General Expenditures   | Sch. B1 - EXP                | \$ | \$ | \$ | \$ |
| 7A | Direct Contributions to candidate committees                 | Sch. B2A - CAN               | \$ |    |    |    |
| 7B | Approved Expenditures for candidate committees               | Sch. B2B - CAN               | \$ | \$ |    | \$ |
| 7C | <b>TOTAL CONTRIBUTIONS TO CANDIDATE COMMITTEES</b>           | <b>Sum #7A + #7B</b>         | \$ | \$ | \$ | \$ |
| 8  | Contributions to political party units                       | <b>Sch. B2 - PTY</b>         | \$ |    | \$ | \$ |
| 9  | Contributions to political committees and funds              | <b>Sch. B2 - PCF</b>         | \$ |    | \$ | \$ |
| 10 | Independent expenditures <i>See required form on page 20</i> | Sch. B3 - IND                | \$ | \$ | \$ | \$ |
| 11 | Ballot question expenditures                                 | Sch. B4 - BQ                 | \$ | \$ | \$ | \$ |
| 12 | <b>TOTAL EXPENDITURES AND DISBURSEMENTS</b>                  | <b>Sum #6 + #7C thru #11</b> | \$ | \$ | \$ | \$ |
| 13 | <b>Ending cash balance 5/31/16</b>                           | <b>#1 + #5 - #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 9.
- Line 14B** Outstanding balances of all loans incurred by your committee during any prior reporting year as reported on Schedule C, Column 2, page 25.
- Line 15A** Total unpaid obligations incurred during current year as reported on the Transaction Summary Line 11, page 3.
- Line 15B** Total unpaid obligations incurred during any prior reporting year as reported on Schedule D, Column 1, page 25.

## 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 11, 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 | \$ |
|----|-------------------------|-----------------|----|

## 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 - CR

Use this schedule to itemize contributions received by your committee.

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 sign 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,\*
- contributor's full address (street, city, state, and zip code),\*\* and
- amount of contribution(s).

\* 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).

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 - CR - CONTRIBUTIONS RECEIVED

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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) | Col. 1<br>Cash              | Col. 2<br>In-kind<br>(list item & fair market value) | Col. 3<br>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 A2 - LP

All entries must be in alphabetical order.

Use this schedule to itemize loans received during this reporting 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,
- unpaid balance on loan at the end of the reporting period.

\*For individuals who are lenders or endorsers, 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 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, and
- amount of receipt(s).

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

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

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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 3,<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 4,<br>col. 1 & 4          |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE B1 – EXP – GENERAL EXPENDITURES

Use this schedule to itemize all expenditures made by your committee including contributions made to federal and local (non Chapter 10A) candidate committees.

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 made each expenditure,
- name of payee\*,
- payee's full address, (street, city, state, and zip code),
- 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

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

| Date  | Name and full address of payee,<br>including third party payees | Specific purpose of expenditure<br>(e.g. flyers) | Col. 1<br>Cash | Col. 2<br>Contrib. to<br>federal and<br>local<br>committee | Col. 3<br>Unpaid bills                               | Col. 4<br>In-kind<br>(list item & fair<br>market value) | Col. 5<br>Total<br>Cash & in-kind |                             |
|---|---|--|----------------|--|--|---|-----------------------------------|-----------------------------|
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
| <b>Total of non-itemized expenditures/disbursements</b> |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
| <b>TOTALS</b>   |   |  | \$             | \$   | \$   | \$  | \$                                |                             |
|   |   |  |                |  | Add totals of col. 1 & 2 To pg. 3,<br>line 6, col. 1 | To pg. 3, line<br>6, col. 2                             | To pg. 3, line 6,<br>col. 3       | To pg. 3, line<br>6, col. 4 |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE B2A – CAN

Use this schedule to itemize direct contributions given by your committee to candidate committees for a state legislative, judicial, or constitutional office.

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

**Entries must be in alphabetical order by candidate's last name.**

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

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

*If a contribution is returned to your committee in a year other than when it was given, report the return on Schedule A2 – Miscellaneous Income. The description or purpose should be "return of a contribution" and list the year the contribution was given.*

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 principal campaign committees, on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

## SCHEDULE B2A – CAN – DIRECT CONTRIBUTIONS TO CANDIDATE COMMITTEES

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

Entries must be in alphabetical order by candidate's last name.

| Date   | Committee registration number<br><b>REQUIRED</b> | Name and full address of committee | Col. 1<br>Cash              | Col. 2<br>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<br>7A, col 1 | To pg. 3, line 7A,<br>col 3                                       | To pg. 3, line<br>7A, col 4       |

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## INSTRUCTIONS FOR SCHEDULE B2B – CAN - APPROVED EXPENDITURES FOR CANDIDATE COMMITTEES

Use this schedule to itemize all approved expenditures made on behalf of candidate committees for a state legislative, judicial, or constitutional office. See page 26 for the definition of approved expenditure.

You must itemize expenditures that in aggregate total more than \$200 on behalf of a candidate. When multiple approved expenditures are made on behalf of the same candidate committee, show the receiving committee's name once and list all transactions with that committee under the committee's name.

**Entries must be in alphabetical order by candidate's last name.**

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

- date the approved expenditure was made by your committee,
- benefitted committee's registration number (REQUIRED),
- name of recipient committee,
- benefitted committee's full address (street, city, state, and zip code),
- name and address of the vendor paid for the expenditure,
- purpose of expenditure (for example; 1000 lawn signs)
- cash payment for expenditure
- unpaid bill from expenditure

Do not itemize approved expenditures that in aggregate total \$200 or less for a benefitted candidate.

**For Non-itemized transactions:**

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

**SCHEDULE B2B –CAN – APPROVED EXPENDITURES FOR CANDIDATE COMMITTEES**

Make photocopies of this page if additional space is needed.

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

| Date   | Committee registration number<br><b>REQUIRED</b> | Name and address of committee | Name and full address of vendor | Purpose of expenditure | Col 1.<br>Cash                  | Col. 2<br>Unpaid bills         | Col. 3<br>Total                |
|--|--|-------------------------------|---------------------------------|------------------------|---------------------------------|--------------------------------|--------------------------------|
|  | #  |                               |                                 |                        | \$                              | \$                             | \$                             |
|  | #  |                               |                                 |                        | \$                              | \$                             | \$                             |
|  | #  |                               |                                 |                        | \$                              | \$                             | \$                             |
|  | #  |                               |                                 |                        | \$                              | \$                             | \$                             |
| <b>Non-itemized expenditures/disbursements</b> |  |                               |                                 |                        | \$                              | \$                             | \$                             |
| <b>TOTALS</b>                                  |  |                               |                                 |                        | \$                              | \$                             | \$                             |
|  |  |                               |                                 |                        | To pg. 3,<br>line 7B, col.<br>1 | To pg. 3,<br>line 7B, col<br>2 | To pg. 3,<br>line 7B, col<br>4 |

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## INSTRUCTIONS FOR SCHEDULE B2 – PTY

Use this schedule to itemize contributions given by your committee to political party units.

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

**Entries must be in alphabetical order.**

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

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

*If a contribution is returned to your committee in a year other than when it was given, report the return on Schedule A2 – Miscellaneous Income. The description or purpose should be “return of a contribution” and list the year the contribution was given.*

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 political party units on the “Non-itemized expenditures/disbursements” line at the bottom of the schedule.



## SCHEDULE B2 – PTY – CONTRIBUTIONS TO POLITICAL PARTY UNITS

Make photocopies of this page if additional space is needed.

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

Entries must be in alphabetical order

| Date   | Committee registration number<br><b>REQUIRED</b> | Name and full address of committee<br>(for approved expenditure; also list name and full address of vendor paid) | Col. 1<br><b>Cash</b>      | Col. 2<br><b>In-kind contribution</b><br>(list item & fair market value) | Col. 3<br><b>Total</b><br>Cash & in-kind |
|--|--|--|----------------------------|--|--|
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
|  | #  |  | \$                         | \$   | \$                                       |
| <b>Total of non-itemized contributions/disbursements</b> |  |  | \$                         | \$   | \$                                       |
| <b>TOTALS</b>  |  |  | \$                         | \$   | \$                                       |
|  |  |  | To pg. 3, line 8,<br>col 1 | To pg. 3, line 8,<br>col 3   | To pg. 3, line 8,<br>col 4               |

It is unlawful to use this information for commercial purposes.

## INSTRUCTIONS FOR SCHEDULE B2 – PCF

Use this schedule to itemize contributions given by your committee to other political committees and political funds. This includes independent expenditure committees and funds and ballot question committees and funds.

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

**Entries must be in alphabetical order.**

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

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

*If a contribution is returned to your committee in a year other than when it was given, report the return on Schedule A2 – Miscellaneous Income. The description or purpose should be "return of a contribution" and list the year the contribution was given.*

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 – PCF – CONTRIBUTIONS TO POLITICAL COMMITTEES AND POLITICAL 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><b>REQUIRED</b> | Name and full address of committee<br>(for approved expenditure; also list name and full address of vendor paid) | Col. 1<br>Cash             | Col. 2<br>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 – IND**

**Use this schedule to itemize independent expenditures made by your committee 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 your committee spent more than \$200 with the vendor on independent expenditures. For example, if your committee purchased a \$150 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 \$200. 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 \$200 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 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  
**Name of committee**  
 accompanies. The independent expenditures made by the committee 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.

\_\_\_\_\_  
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 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 |

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## INSTRUCTIONS FOR SCHEDULE B4 – BQ – BALLOT QUESTION EXPENDITURES

Use this schedule to itemize expenditures made toward promoting or defeating a constitutional amendment

**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 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; (for example, Definition of Marriage or Voter ID)
- Indication whether expenditure is in support of or opposition to the constitutional amendment
- 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 B4 – BQ – BALLOT QUESTION EXPENDITURES

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 |

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## INSTRUCTIONS FOR 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        |

It is unlawful to use this information for commercial purposes.

## DEFINITIONS

|                                 |   |
|---------------------------------|---|
| <b>Approved Expenditure</b>     | <p>An expenditure made on behalf of a candidate by another entity that is authorized with the expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of the candidate, the candidate's campaign committee, or the candidate's agent.</p> <p>An approved expenditure of more than \$20 must have prior authorization in writing by the candidate or treasurer stating the maximum amount to be spent and the purpose of the expenditure</p>  |
| <b>Independent Expenditures</b> | <p>Expenditures made on behalf of a candidate without the express or implied consent, authorization, cooperation of, or at the request or suggestion of the candidate, the candidate's treasurer, or the candidate's agent. A political committee or political fund may make an independent expenditure provided that:</p> <ul style="list-style-type: none"><li>▪ the communication contains a statement (disclaimer) that the activity is an independent expenditure and the candidate is not responsible for it; <i>and</i></li><li>▪ this statement (disclaimer) is included in oral communications, in conspicuous type on the front page of all literature and advertisements published or posted, and at the end of all broadcast advertisements; <i>and</i></li><li>▪ the treasurer of the committee making the independent expenditure reports the expenditure on an <i>Affidavit and Report of Independent Expenditures</i> with a sworn statement that the expenditure was not made with the authorization or expressed or implied consent of, or in cooperation with or in concert with, or at the request or suggestion of any candidate, candidate's committee, or candidate's agent.</li></ul> |
| <b>Loans Payable</b>            | <p>Loans that the committee owes to a financial institution, individual, or other entity.</p>   |
| <b>Loans Receivable</b>         | <p>Loans that are owed to the committee from other individuals or entities.</p>   |
| <b>Miscellaneous income</b>     | <p>Money received by the committee that is not a contribution or loan (i.e., interest from an interest bearing account).</p>  |
| <b>Unpaid bills</b>             | <p>Advance of credit for goods or services for which payment has not been made. An advance of credit is an unpaid bill from the time it is incurred, regardless of when an actual invoice is received.</p>  |