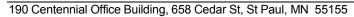
Campaign Finance and Public Disclosure Board



cfb.mn.gov



Registration and Statement of Organization Principal Campaign Committee

under Minn. Stat. §§ 10A.14 and 10A.105

Instructions

- This statement is due at the Campaign Finance and Public Disclosure Board office within 14 days after the Candidate raises or spends in excess of \$750, or within 10 days after any change in previously filed information.
- All required sections must be filled in before the committee can be registered.
- This form may be emailed to cf.board@state.mn.us or faxed to 651-539-1196 or 800-357-4114.
- All information on this form or report is public information and may be published on the Board's website at <u>cfb.mn.gov</u>.
- It is unlawful to use this information for commercial purposes.
- Do not use pencil or red ink.
- Board staff may also be reached by phone at 651-539-1188 or 800-657-3889 or by email at cf.board@state.mn.us.

Registration		
New Registration	Amendment: Registration No.	
Candidate		
Candidate name		
Address (Line 1)		
Address (Line 2)		
City, state, zip		
Telephone (Daytime)	Email address (Required, or write "No email")	
Office sought		
Constitutional office (Specify)	Senate: Distr# House of Representatives: Distr#	
Supreme Court District Court: Distr# Seat #		
Party affiliation (check one)		
Democratic-Farmer-Labor Party Grassroots-Legalize Independence Party Libertarian Party Cannabis Party		
Republican Party Legal Marijuana Now Party Other:		

Committee (Required)	Chair (Required)
Committee name	Chair name
Address (Line 1)	Address (Line 1)
Address (Line 2)	Address (Line 2)
City, state, zip	City, state, zip
Telephone (Daytime)	Telephone (Daytime)
Committee website address	Email address (Required, or write "No email")
Treasurer (Required)	Deputy treasurer (Optional)
Treasurer name	Deputy treasurer name
Address (Line 1)	Address (Line 1)
Address (Line 2)	Address (Line 2)
City, state, zip	City, state, zip
Telephone (Daytime)	Telephone (Daytime)
Email address (Required ,or write "No email")	Email address
Committee bank account(s) (Must be opened before registering committee)	
1. Name of bank	2. Name of bank
Address of bank (Line 1)	Address of bank (Line 1)
Address of bank (line 2)	Address of bank (Line 2)
City, state, zip of bank	City, state, zip of bank
Certification	
I,, certify that this some office and that the second was a second with the second was a second was a second with the second w	statement represents the single registration for this candidate for this nis statement is complete, true, and correct. Date
Signature of treasurer or candidate	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.