

Campaign Finance and Public Disclosure Board

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

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 cfb.mn.gov.
- 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 Appeals Court District Court: Distr # _____ Seat # _____

Party affiliation (check one; judicial candidates are not required to check their party affiliation)

Democratic-Farmer-Labor Party Grassroots-Legalize Cannabis Party Independence Party Libertarian 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 statement represents the single registration for this candidate for this office and that this statement is complete, true, and correct.

Print or type name

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.