

# 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 Political Party Units under Minn. Stat. § 10A.14

### Instructions

- A political party unit is required to register with the Campaign Finance and Public Disclosure Board within 14 days after the party unit raises or spends in excess of \$750, or update its registration within 10 days after any change in previously filed information.
- All required sections must be filled in before the party unit can be registered.
- This form may be emailed to [cf.board@state.mn.us](mailto: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](http://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](mailto:cf.board@state.mn.us).

### Registration

New Registration

Amendment: Registration No. \_\_\_\_\_

### Party Unit Name (Required)

### Chair (Required)

Party Unit name	Chair name
Address	Address
City, state, zip	City, state, zip
Telephone (daytime)	Telephone (daytime)
Website address	Email address (Required or write No Email)

### Treasurer (Required)

### Deputy Treasurer (optional)

Treasurer name	Deputy Treasurer name
Address	Address
City, state, zip	City, state, zip
Telephone (daytime)	Telephone (daytime)
Email address (Required or write No Email)	Email address

### Political Party (check one)

- Democratic-Farmer-Labor Party     Grassroots-Legalize Cannabis Party     Libertarian Party  
 Republican Party     Legal Marijuana Now Party     Independence Party

### Depository (financial institution) of Party Unit (Required)

Name:	Address:
-------	----------

### Certification

I, \_\_\_\_\_, certify that the information contained on this form is complete, true, and correct.  
(print or type name)

\_\_\_\_\_  
Signature of Treasurer / Deputy Treasurer / Chair

\_\_\_\_\_  
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.