

# Campaign Finance and Public Disclosure Board



Suite 190 . Centennial Office Building . 658 Cedar Street . St. Paul MN 55155-1603 . 651-539-1180 . 800-657-3889 . Website: [www.cfboard.state.mn.us](http://www.cfboard.state.mn.us)  
E-mail at: [cf.board@state.mn.us](mailto:cf.board@state.mn.us)

## CONTRIBUTION SOLICITOR REPORT

This report must be completed and filed by a lobbyist or other individual, political fund, or political party unit that directly solicits and causes others to make contributions to candidates for state elective offices or to a caucus of the members of a political party in a house of the legislature, that in aggregate total more than \$5,000.

### Filing Instructions

- The report is due at the Campaign Finance and Public Disclosure Board office:
  - 15 days before a primary election;
  - 10 days before a general election; and
  - January 31<sup>st</sup> of each year.
- This statement 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. *If you fax your report - do not mail the original. Retain the original report in your files.*
- Do not use pencil or red ink.
- All information on this report is public information.
- Address questions to Board staff at 651-539-1189 or 800-657-3889

### Solicitor information



Lobbyist/political committee/political fund registration number assigned by the Campaign Finance & Public Disclosure Board
Solicitor's Name
Address
City, state, zip
Telephone (daytime)

Check applicable box and provide calendar year

- Period Covered:**
- January 1 through 15 days prior to primary election \_\_\_\_\_
- January 1 through 10 days prior to general election \_\_\_\_\_
- January 1 through December 31, \_\_\_\_\_
- Amendment (Check this box if this report is being filed to amend a previously filed report.)

Provide the date of the report being amended: \_\_\_\_\_

### Certification

I, \_\_\_\_\_, certify that this report is complete, true, and correct.  
(print or type name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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.

**Schedule of Contributions Solicited and Caused to be Made**

Make additional copies of this page if needed.

Name of Contributor	Amount of Contribution If In-kind Contribution, List Item Fair Market Value	Name and Registration Number of Recipient
	\$	
<b>TOTAL AMOUNT OF CONTRIBUTIONS</b>	\$	

It is unlawful to use this information for commercial purposes.