TE			OFFICE USE ONLY	
	AFFIDAVIT	FOR	Date Received	
	DIRECT CAMPAIGN EXPENDITURE REPORT:			
FLAND	ELECTRONIC FILING EXEMPTION - ENTITY			
	An exemption affidavit must be submit	ted with each paper report.		
Beginning on Januar one or more direct c person's own proper campaign treasurer to be filed electronic	Date Hand-delivered or Date Postmarked			
Beginning on January 1 , 2022, an entity filing a direct campaign expenditure report that has made more than \$28,800 in direct campaign expenditures in <u>any</u> calendar year must file all subsequent reports electronically.			Date Processed	
Filer name		Filer ID #		
Name of Entity			Date Imaged	

- 1. I swear or affirm that the entity for which I am reporting direct campaign expenditures has not made more than \$28,800 in direct campaign expenditures in a calendar year.
- 2. I further swear or affirm that the entity for which I am reporting direct campaign expenditures does not use computer equipment to keep current records of direct campaign expenditures.
- 3. I further swear or affirm that no person acting as the entity's agent or consultant, and no person with whom the entity contracts, uses computer equipment to keep current records of direct campaign expenditures.
- 4. I further swear or affirm that I understand that the entity's campaign finance reports are required to be filed electronically if the entity, the entity's agent or consultant, or a person with whom the entity contracts exceeds \$28,800 in direct campaign expenditures in a calendar year, or uses computer equipment to keep current records of direct campaign expenditures.
- 5. I am filing this affidavit with the ______report due on ______. I understand that this affidavit is required to be filed with *each* campaign finance report for which the entity is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit					
NOTARY STAMP/SEAL	Signature of Individual with Authority to Sign on Behalf of Entity				
Sworn to and subscribed before me by	this the	day of	,		
20, to certify which, witness my h	nand and seal of office.				
Signature of officer administering oath Printed name of o		officer administering oath		Title of officer administering oath	
	OR				
(2) Unsworn Declaration					
My name is	,;	and my date of birth is My			
address is(s	street)	(city), (state)	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(country)	
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		Signature of Filer (Declarant)			
	RE EXEMPT FROM THE ELE			-	