TEO			OFFICE USE ONLY	
	AFFIDAVIT DIRECT CAMPAIGN EXPERING ELECTRONIC FILING EXE An exemption affidavit must be submit	Date Received		
Beginning on Januar one or more direct c person's own proper campaign treasurer o to be filed electronic	Date Hand-delivered or Date Postmarked			
Beginning on Janua that has made more year must file all su	Date Processed			
Filer name		Filer ID #	Date Imaged	

- 1. I swear or affirm that the entity for which I am reporting direct campaign expenditures has not made more than \$33,910 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 \$33,910 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 Sworn to and subscribed before me by			Signature of Individual with Authority to Sign on Behalf of Entity				
			1	this the	day of	day of,	
20, to certify which, witness	s my hand and seal of of	fice.					
Signature of officer administering oath	Printed na	Printed name of officer administering oath		Title of officer administering oath			
		OR					
(2) Unsworn Declaration							
My name is	, ar			and my date of birth is			
My address is	(street)		(city)	(state)	; (zip code)	_,(country)	·
Executed in Cou					, 20 h) (ye	ar)	
			Signature of Filer (Declarant)				
	O ARE EXEMPT FR					r	