| | | | OFFICE USE ONLY | | |
|---|--|---------------|-----------------|--|--|
| | AFFIDA CANDIDATE OR (ELECTRONIC FIL | OFFICEHOLDER: | | Date Received | |
| | An exemption affidavit must be submitted with each paper report. | | | Date Hand-delivered or Date Postmarked | |
| Beginning on January 1, 2025, a candidate or officeholder who has accepted more than | | | | | |
| \$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically. | | | Receipt # | Amount \$ | |
| | | | | Date Processed | |
| Filer name | | Filer ID # | | Date Imaged | |

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 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 I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

| NOTARY STAMP/SEAL | | | Signature of Filer | | | | |
|--|---------------------------|--------------|--------------------|------------------|-----------|--|--|
| Sworn to and subscribed before me by | | this the | day of | | | | |
| 20, to certify which, witness my | hand and seal of office. | | | | | | |
| Signature of officer administering oath | cer administering oath | | Title of officer | administering oa | | | |
| | C | DR | | | | | |
| (2) Unsworn Declaration | | | | | | | |
| | , and my date of birth is | | | | | | |
| My name is | | , and my dat | | | | | |
| | | | | | | | |
| My name is My address is(s Executed in County, | treet) | , (city) | '(state) ' | , 20 | (country) | | |