

**INDEPENDENT EXPENDITURE STATEMENT
FOR REBATE OF FILING FEES/PARTY ASSESSMENT FUNDS**
(Section 106.087, F.S.)

State of Florida

County of _____

Before me, an officer authorized to administer oaths, personally appeared _____

_____ to me well known, who, being sworn, says that
(name)

he or she is the _____ of the
(title)

_____ party _____ executive
(name of party) (state or specified county)

committee, that the executive committee has not made, either directly or indirectly, an independent expenditure in support of or opposition to a candidate or elected public official in the prior 6 months; that the executive committee will not make, either directly or indirectly, an independent expenditure in support of or opposition to a candidate or elected public official, through and including the upcoming general election; and that the executive committee will not violate the contribution limits applicable to candidates under s. 106.08(2), Florida Statutes.

Signature of Committee Officer

Address

City State Zip Code

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____.

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____