

**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 \_\_\_\_\_