

**AFFILIATED PARTY COMMITTEE
INDEPENDENT EXPENDITURE STATEMENT**
(Section 106.088, F.S.)

State of Florida
County of _____

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

_____, to me well known, who, being sworn, says that he or she is the

_____ of the _____ Party _____
(title) (name of party) (name of chamber)

affiliated party committee; that the affiliated party 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 affiliated party 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 affiliated party 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 _____, _____.

(Place notary stamp below, if applicable)

Signature of officer authorized to administer oaths

Printed name of officer administering oath

Personally known _____ OR
Produced identification _____ Type of identification produced _____