

**INDEPENDENT EXPENDITURE STATEMENT
FOR REBATE OF FILING FEES/PARTY ASSESSMENT FUNDS**

(Section 106.087, F.S.)

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

_____ (title)

of the _____ party _____

(name of party)

(state or specific county)

executive 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

STATE OF FLORIDA

COUNTY OF _____

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed

before me this _____

day of _____, 20 ____ .

Personally Known: _____ **Or Produced Identification:** _____

Type of Identification Produced: _____