

Statement of Termination (Slate Mailer Organization)

(Government Code Section 84221)

Type or Print in Ink

STATEMENT OF TERMINATION

File an original and one copy of this form with:

Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814

And, if applicable, file one copy of this form with:

The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.

Date Stamp

**CALIFORNIA
FORM 402**

For Official Use Only

Date of Termination: _____
DATE

FULL NAME OF SLATE MAILER ORGANIZATION:		ID NUMBER	NAME OF TREASURER:	
STREET ADDRESS: (NOT P.O. BOX)		NO. AND STREET	PERMANENT ADDRESS OF TREASURER: (NOT P.O. BOX)	
CITY		STATE	ZIP CODE	CITY
STATE		ZIP CODE	STATE	
AREA CODE		PHONE NO.	AREA CODE	
PHONE NO.		DAYTIME PHONE NO.		

Verification

I have used all reasonable diligence in preparing this Statement. This Slate Mailer Organization has ceased to receive payments and make disbursements in connection with producing "slate mailers," does not anticipate receiving payments or making disbursements in the future, and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE At _____ CITY AND STATE By _____ SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer _____ TYPE OR PRINT Title _____

NOTE: Additional filing obligations will be incurred if a Slate Mailer Organization receives payments or makes disbursements after this Statement of Termination has been filed.