

# 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)

NO. AND STREET

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

AREA CODE

PHONE NO.

AREA CODE

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.**