

## Slate Mailer Organization Campaign Statement

CALIFORNIA  
FORM **401**

The Form 401 is for use by slate mailer organizations to disclose payments made and received in connection with producing slate mailers.

A “slate mailer” is a mass mailing that supports or opposes a total of four or more candidates or ballot measures.

A slate mailer organization is any individual or entity which, directly or indirectly, does both of the following:

- Is involved in the production of one or more slate mailers and exercises control over the selection of the candidates and measures to be supported or opposed in the slate mailers.
- Receives or is promised payments totaling five hundred dollars (\$500) or more in a calendar year for the production of one or more slate mailers.

### **Slate Mailer Organizations do not include any of the following:**

- A candidate or officeholder or a candidate’s or officeholder’s controlled committee.
- An official committee of any political party.
- A legislative caucus committee.
- A committee primarily formed to support or oppose a candidate, officeholder, or ballot measure.

### **The Form 401 may be filed:**

- As a semi-annual statement
- As a pre-election statement

See reverse for general guidance on where to file this form.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC [Campaign Disclosure Manual](#) (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov)).

# Instructions for Slate Mailer Organization Campaign Statement

CALIFORNIA  
FORM **401**

## Where to File:

**State Elections and Organizations Active in More Than One County:** Organizations that produce slate mailers supporting or opposing state candidates and measures, or local candidates and measures being voted on in more than one county, file online or electronically with the Secretary of State and one copy with the local jurisdiction, if any, that accepts original statements. ~~an original and one copy with:~~

- **Secretary of State**  
Political Reform Division  
1500 11th Street, Room 495  
Sacramento, CA 95814  
Phone (916) 653-6224  
Fax (916) 653-5045  
www.sos.ca.gov
- **Two copies are also filed with the election official for the county in which you are domiciled.** Addresses for county filing officers can be found on the FPPC website at [www.fppc.ca.gov](http://www.fppc.ca.gov).

**County Elections:** Organizations that produce slate mailers supporting or opposing candidates and measures being voted on in a single county, file with the election official in that county (original and one copy) and file two copies in your county of domicile (if different than the county in which the election is being held).

This filing requirement also applies to organizations that produce slate mailers supporting or opposing candidates and measures on the ballot in more than one jurisdiction located within a single county.

**City Elections:** Organizations that produce slate mailers supporting or opposing candidates and measures being voted on in a single city election, file with the city clerk in that city (original and one copy).

## **Electronic Filing:**

~~Organizations that are required to file reports with the Secretary of State must file Form 401 electronically if they receive or make payments totaling \$25,000 or more for the purpose of producing slate mailers. Paper reports are also required. Some local jurisdictions also require reports to be electronically filed.~~

# Slate Mailer Organization Campaign Statement

(Government Code Sections 84218 - 84219)

Type or print in ink.

Date Stamp	<b>CALIFORNIA FORM 401</b>
Page _____ of _____	
For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

**Amendment** (explain): \_\_\_\_\_

\_\_\_\_\_

**Statement covers period**

from \_\_\_\_\_

through \_\_\_\_\_

## I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION: \_\_\_\_\_ ID NUMBER \_\_\_\_\_

ADDRESS NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

( ) \_\_\_\_\_

NAME OF TREASURER \_\_\_\_\_

ADDRESS NO. AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

( ) \_\_\_\_\_

## II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

Committee Report Attached  ID Number if Recipient Committee

## III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1. TOTAL PAYMENTS RECEIVED.....	\$ _____ Sch. A, Line 3	\$ _____
2. TOTAL PAYMENTS MADE.....	\$ _____ Sch. B, Line 3	\$ _____

## IV Verification

I have used all reasonable diligence in preparing and reviewing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained herein in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_

DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer \_\_\_\_\_ Title \_\_\_\_\_

TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

## Instructions for Completing Cover Page

CALIFORNIA  
FORM **401**

### Period Covered by Statement:

The period covered begins on the day after the closing date of the last campaign statement filed. If no previous statement has been filed, the period begins on January 1 of the calendar year covered by the statement.

### Amendments:

To amend a previously filed statement, check the Amendment box, give a brief explanation of the amendment, and list the schedules being amended. Complete Part 3, if applicable. Be sure to enter the period covered by the statement being amended.

### Committee Campaign Statements:

If the slate mailer organization is also a "general purpose committee" (including a recipient committee, independent expenditure or major donor committee), attach the most recent committee campaign statement (Form 450, 460 or 461) filed covering the current calendar year. If the organization is a recipient committee, enter its committee I.D. Number in the appropriate space on the Form 401 cover page.

### Summary of Payments:

#### Total Payments Received (Line 1)

In Column A, enter the total payments received during the period covered by the statement for the production and distribution of slate mailers. This should be the same as the amount contained on Line 3 of the Summary section of Schedule A. In Column B, enter the cumulative amount of payments received since January 1 of the calendar year covered by the statement for the production and distribution of slate mailers.

#### Total Payments Made (Line 2)

In Column A, enter the total amount of payments made during the period covered by the statement for the production and distribution of slate mailers. This should be the same as the amount contained on Line 3 of the Summary section of Schedule B. In Column B, enter the cumulative amount of payments made since January 1 of the calendar year covered by the statement for the production and distribution of slate mailers.

#### Verification:

If the filer is an individual, the statement must be signed by the individual. If the filer is an entity or other organization, a responsible officer of the entity or organization, or an attorney or certified public accountant acting as the entity's or organization's agent, must sign the statement.

# Schedule A Payments Received

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 401</b>
	Page _____ of _____
I.D. NUMBER _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION \_\_\_\_\_

(1) DATE RECEIVED	(2) IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(3)		(4) AMOUNT RECEIVED THIS PERIOD	(5) CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE OR MEASURE	
		A	B			
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
<b>SUBTOTAL</b>					\$	\$

## Summary

1. Amount Received – Itemized payments (include all Schedule A subtotals) ..... \$ \_\_\_\_\_
2. Amount Received – Payments of less than \$100 (not itemized) ..... \$ \_\_\_\_\_
3. Total Payments Received (Line 1 + Line 2). Enter here and in Column A, Line 1, of the Summary of Payments section on Page 1 ..... \$ \_\_\_\_\_

# Instructions for Completing Schedule A Payments Received

Report all payments received for the production and distribution of slate mailers on Schedule A. If payments received from a single source during the period covered by the statement total \$100 or more, provide the following information:

- The date received.
- If payments of \$100 or more were received during the period from candidates and committees, must include:
  - The name and street address of the candidate or committee.
  - The committee's identification number if the payment was received from a committee.
  - The jurisdiction and office sought or held by a candidate or officeholder making a payment, or
  - The jurisdiction and ballot letter or number if paid by a committee formed to support or oppose a ballot measure.
- If payments of \$100 or more are received during the period from persons other than a candidate or committee, Column (2) must include:
  - The full name and street address of the payor.
  - If the payor is an individual, the name of the individual's employer or, if self-employed, the name of the business.
- If payments of \$100 or more were received during the period from persons other than the candidate supported or opposed in a slate mailer, or other than the committee primarily formed to support or oppose a ballot measure, Column (3) must include:
  - The name, office sought, and jurisdiction of the candidate supported or opposed, or the name, jurisdiction, and number or letter of the ballot measure supported or opposed (Column (a)); and
    - An indication whether the payment received was in support of or opposition to the candidate or measure (Column (b)).
  - The amount received during the period covered by the report from each payor.
  - The cumulative amount of payments received from each payor on behalf of or in opposition to each candidate or measure included in a slate mailer since January 1 of the calendar year covered by the statement.

Summarize at the bottom of Schedule A all payments received during the period for production and distribution of slate mailers. Payments of less than \$100 need only be reported as a lump sum amount.

**Schedule A  
Payments Received  
(Continuation Sheet)**

Statement covers period	<b>CALIFORNIA FORM 401</b>
from _____	
through _____	Page _____ of _____

NAME OF SLATE MAILER ORGANIZATION \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

(1)	(2)	(3)		(4)	(5)	
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	A	B		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE OR MEASURE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
<b>SUBTOTAL</b>					\$	\$

# Schedule B Payments Made

Statement covers period from _____	<b>CALIFORNIA FORM 401</b>
through _____	
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON  
NAME OF SLATE MAILER ORGANIZATION \_\_\_\_\_

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>SUBTOTAL \$</b>		

### Summary

1. Payments of \$100 or more (include all Schedule B subtotals) ..... \$ \_\_\_\_\_
2. Payments under \$100 this period (not itemized) ..... \$ \_\_\_\_\_
3. Total payments this period (Line 1 + Line 2). Enter here and in Column A, Line 2,  
of the Summary of Payments section on Page 1 ..... \$ \_\_\_\_\_



## Instructions for Completing Schedule B Payments Made

CALIFORNIA  
FORM **401**

Report payments made by the organization for the production and distribution of slate mailers on Schedule B. For each person to whom a payment of \$100 or more has been made during the period covered by the campaign statement, provide the following information:

- The full name and street address of the payee.
- A brief description of the product(s) or service(s) received.
- The amount paid during the period.

If the organization makes payments to an agent or independent contractor who makes payments on behalf of the organization, provide the following information:

- The name, address, description of payment, and amount paid during the period to the agent or independent contractor; and
- The name, address, description of payment, and amount paid during the period to persons who received \$500 or more from the agent or independent contractor.

Schedule B-1 may be used to report payments made by an agent or independent contractor.

Summarize at the bottom of Schedule B all payments made in connection with producing slate mailers. Report in a lump sum all payments made to persons who received less than \$100 during the period.

**Schedule B-1  
Payments Made By An Agent or  
Independent Contractor on Behalf of  
A Slate Mailer Organization**

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 401</b>
	Page _____ of _____
	I.D. NUMBER

NAME OF SLATE MAILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>TOTAL*</b>		<b>\$</b>

\*Do not transfer to any other schedule or to the Summary. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule B by the Slate Mailer Organization.

**Schedule C  
Persons Receiving  
\$1000 or More**

SCHEDULE C

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 401</b> Page _____ of _____ I.D. NUMBER _____
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SEE INSTRUCTIONS ON REVERSE  
NAME OF SLATE MAILER \_\_\_\_\_

**You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding “indirect” payments.)**

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1

## Instructions for Completing Schedule C Persons Receiving \$1,000 or More

CALIFORNIA  
FORM **401**

Enter on Schedule C the name of each individual who is listed on the organization's Statement of Organization (Form 400) (the treasurer and other principal officers, and individuals who have final decision making authority as to which candidates or measures will be supported or opposed in the organization's slate mailers) who received, directly or indirectly, \$1,000 or more from the organization during the period. (NOTE: Only individuals who are listed on the Statement of Organization are reported on Schedule C.)

A payment is made "indirectly" to an individual if it is intended for the benefit of or use by that individual or a member of his or her immediate family. A payment also is made "indirectly" to an individual if it is made to a business entity in which the individual or a member of his or her immediate family is a partner, shareholder, owner, director, trustee, or in which the individual or member of his or her immediate family has an investment of \$1,000 or more. (Note: This does not apply to payments made to a business entity whose securities are publicly traded.)

"Indirect" payments also include rebates or refunds paid to an individual listed on the Statement of Organization from vendors or other subcontractors who received payments from the organization.

For each individual listed on Schedule C, provide the following information:

- His or her full name.
- The amount of direct and indirect payments made to the individual during the period.
- The cumulative amount of direct and indirect payments made to the individual since January 1 of the calendar year covered by the statement.

**Schedule D  
Candidates and Measures  
Not Listed on Schedule A**

Statement covers period from _____	<b>CALIFORNIA FORM 401</b>
through _____	
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION

You must identify each candidate and measure supported or opposed in a slate mailer sent by you during the period for which you did not receive a payment of \$100 or more (either from the candidate or ballot measure committee or from any other person).

NAME OF CANDIDATE OR MEASURE	CHECK ONE		JURISDICTION AND OFFICE SOUGHT BY CANDIDATE; OR JURISDICTION AND BALLOT MEASURE LETTER OR NUMBER
	SUPPORT	OPPOSE	

# Instructions for Completing Schedule D Candidates and Measures Not Listed on Schedule A

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CALIFORNIA  
FORM **401**

Report on Schedule D candidates and measures supported or opposed in a slate mailer produced by the organization, but for which the organization did not receive a payment of \$100 or more (either from the candidate or a committee formed to support or oppose the candidate or measure, or from any other person). For each such candidate or measure, provide the following information:

- The name of the candidate or measure.
- An indication whether the candidate or measure was supported in a slate mailer or was opposed in a slate mailer.
- The jurisdiction and office sought by the candidate, or the jurisdiction and ballot measure letter or number of the measure.