

## Statement of Termination Slate Mailer Organization

CALIFORNIA  
FORM 402

Slate mailer organizations do not automatically terminate and may only terminate under the following circumstances:

- They have ceased to receive payments or make disbursements for the purpose of producing and distributing slate mailers.
- They do not anticipate receiving payments or making disbursements for the purpose of producing and distributing slate mailers in the future.
- They have filed all required campaign statements disclosing all reportable transactions.

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)).

### Where to File:

The original of the Statement of Termination (Form 402) is filed online or electronically with the Secretary of State and, if applicable, a copy with the local filing officer with whom the organization files its original disclosure statements.

### NOTE:

Additional filing obligations will be incurred if a slate mailer organization receives payments or makes disbursements in connection with a slate mailer after a Statement of Termination has been filed.

# Statement of Termination (Slate Mailer Organization)

(Government Code Section 84221)

Type or Print in Ink.

Date Stamp

**CALIFORNIA  
FORM 402**

For Official Use Only

File **online or electronically** **an original and one copy of this form with the Secretary of State.**  
www.sos.ca.gov

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 OF TERMINATION: \_\_\_\_\_

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. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

AREA CODE DAY TIME PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## Verification

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 have used all reasonable diligence in preparing 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

**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.**