HOW TO FILE A FORM 410

FOR LOCAL CANDIDATE-CONTROLLED COMMITTEES

Presented by
Education & External Affairs Unit
Fair Political Practices Commission 2026

TIMESTAMPS

00:00
Introduction to Form 410

04:31
How to File an Initial Form 410

11:03
How to Amend Form 410
Such as when you qualify as a committee

13:55
How to Terminate Your Committee

16:33
Resources

Instructions for Statement of Organization

Statement Type:
Initial
Mark the "Initial" box and enter the date the committee qualification threshold was met.

If the committee has not met the qualification threshold, mark the "Initial" and "Not Yet Qualified" boxes.

Qualification Threshold
The "date qualification threshold met" is the date the committee received contributions totaling $2,000 or more during a calendar year.

Amendment
If any of the information reported on an initial statement of organization changes:

- Mark the amendment box;
- Include the committee's ID number and name;
- Provide the changed information; and
- Complete the verification.

Candidates: Under certain circumstances, a candidate for local office may amend the Form 410 to indicate that the candidate is seeking re-election to the same office. A candidate for state office must open a separate committee for each term of office and may not amend the Form 410 to redesignate an election committee.

Termination
List the committee's name, identification number and indicate the date of termination, including completing the verification.

1. Committee Information:
Provide the full name of the committee. A committee may use only one name.

The committee's street address, email address, and telephone number must be reported. A post office box is not acceptable. The committee's mailing address must also be reported if it is different from the street address. A post office box is acceptable for the mailing address. A committee's "domicile" is its address as

Identify the jurisdiction where the committee is active. For example, a city committee lists the name of the city.

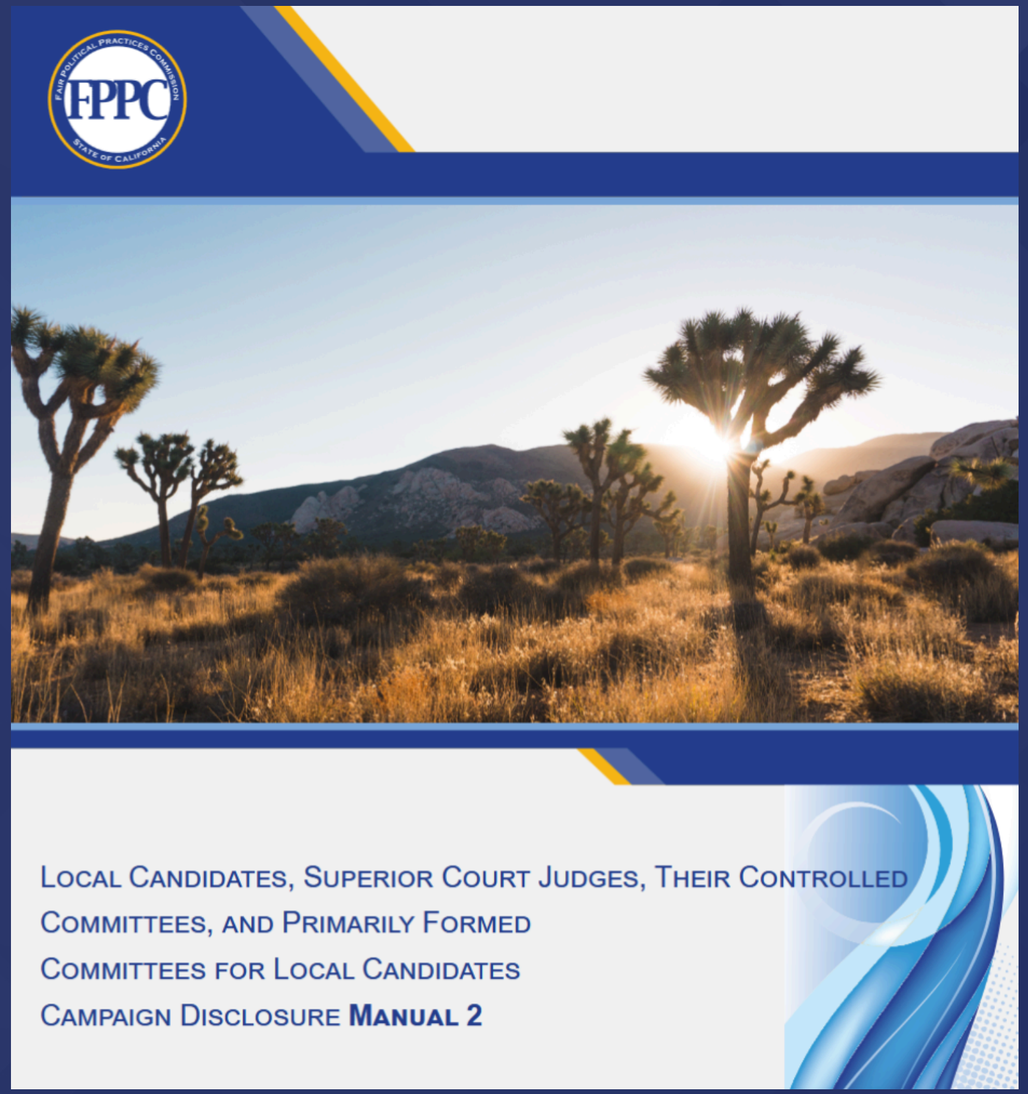
Committee Name Requirements

The following committee name rules apply to the Form 410, the committee's campaign statements and to any other references to the committee required by law. See the instructions for Part 4 for committee definitions.

Candidate Controlled Committees: Any committee that is controlled by a state or local candidate or officeholder must include the last name of the candidate in the name of the committee. In addition, the following rules apply:

- An **election committee** controlled by one or more state or local candidates must also include the office the candidate(s) is seeking and the year of the election (e.g., Friends of Smith for Assembly 20XX, Jones for Council 20XX).
- An **officeholder committee** set up by a state officeholder must also include the office held, the year the officeholder was elected to the current term of office, and the words "Officeholder Account," as part of the committee name (e.g., Anderson Assembly 20XX Officeholder Account).
- A **legal defense fund** set up by a state or local candidate or officeholder must also include the words "Legal Defense Fund" as part of the committee name (e.g., Senator Smith Legal Defense Fund).
- A **ballot measure committee** controlled by one or more state candidates must also state that it is a ballot measure committee (e.g., Senator Lee's Ballot Measure Committee) prior to the designation of the ballot measure number. See additional requirements for primarily formed committees.

Sponsored Committees: A sponsored committee (including most political action committees) must include the full name of its sponsor in the name of the committee. If the committe has more than one sponsor and the sponsors are members of an industry or other identifiable group, include a term



Form 410 Instructions

Campaign Disclosure Manual 2

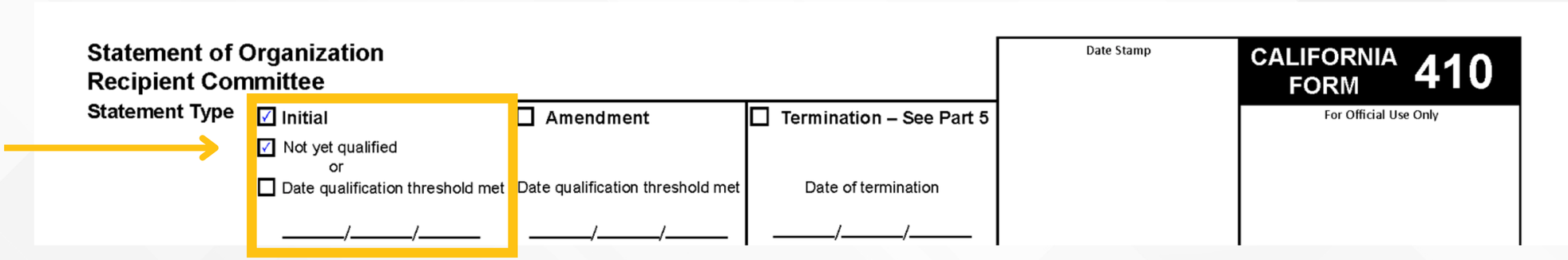
WHO IS REQUIRED TO FILE THE FORM 410?

Persons, including officeholders, candidates, organizations, and groups that raise contributions from others totaling $2,000 or more in a calendar year for California elections, are required to file a Form 410.

“Contributions” are commonly made as monetary payments, but also include non-monetary goods, loans, and services received and/or made for a political purpose.

The personal funds of a candidate or officeholder used to seek or hold elective office also count as contributions, and count towards the $2,000 or more needed to qualify as a recipient committee.

WHEN & WHERE TO FILE



Statement of Organization
Recipient Committee
Statement Type

☑ **Initial**
☑ Not yet qualified
or
☐ Date qualification threshold met
_____/_____/_____

☐ **Amendment**
Date qualification threshold met
_____/_____/_____

☐ **Termination – See Part 5**
Date of termination
_____/_____/_____

Date Stamp

CALIFORNIA FORM 410
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For early submissions for candidates who **intend** to raise $2,000 or more but have not yet met that threshold, mark both the “initial” and “not yet qualified” box.

Note that the Form 410 **must be** filed or amended within 10 days of meeting the $2,000 threshold to disclose the date the committee qualified as a recipient committee.

FORM 410

(via mail for physical wet signature, via email for digital signature)

- **ORIGINAL** → **SECRETARY OF STATE**
- **COPY** → **LOCAL FILING OFFICER**

FORM 410 WALKTHROUGH

STATEMENT TYPE —— 00

An initial Form 410 is your first Form 410 filing. An initial Form 410 can be completed before and when your committee meets the $2,000 qualification threshold.

If the committee has not yet met the $2,000 qualification threshold, the committee would check both the “initial” and “not yet qualified” box.

Statement of Organization
Recipient Committee

Statement Type

- ☑ Initial
  - ☑ Not yet qualified
  - or
  - ☐ Date qualification threshold met ____/____/____
- ☐ Amendment — Date qualification threshold met ____/____/____
- ☐ Termination – See Part 5 — Date of termination ____/____/____

Date Stamp

CALIFORNIA FORM 410
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1. Committee Information — **I.D. Number** *(if applicable)*

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

STATEMENT TYPE —— 00

If the committee has qualified by meeting or exceeding the $2,000 threshold, then the committee would check “initial” and “date qualification threshold met” alongside the date qualified.

Please also see part two of this video, how to amend a Form 410, which goes over what is required for qualified committees.

Statement of Organization
Recipient Committee

Statement Type

☑ Initial
☐ Not yet qualified
or
☑ Date qualification threshold met
03 / 18 / XX

☐ Amendment
Date qualification threshold met ____/____/____

☐ Termination – See Part 5
Date of termination ____/____/____

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information | **I.D. Number** *(if applicable)*

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

COMMITTEE INFORMATION — 01

Add the full name of your committee.

For candidate controlled committees, your last name, elected office sought or held, and the year of election or year elected must be included in the committee name.

Statement of Organization
Recipient Committee

Statement Type

- ☑ Initial
  - ☑ Not yet qualified
  - or
  - ☐ Date qualification threshold met _____/_____/_____
- ☐ Amendment — Date qualification threshold met _____/_____/_____
- ☐ Termination – See Part 5 — Date of termination _____/_____/_____

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE

John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

COMMITTEE INFORMATION — 01

Add the street address, email address, and telephone number for your committee.

A mailing address must also be included if it is different from the street address.

Using a PO box is allowed for the mailing address only. It cannot be used for the committee street address.

Statement of Organization
Recipient Committee

Date Stamp

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Statement Type

☑ Initial	☐ Amendment	☐ Termination – See Part 5
☑ Not yet qualified or ☐ Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

1. Committee Information — I.D. Number (if applicable)

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE
EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

COMMITTEE INFORMATION — 01

For the county of domicile, it is the county of the committee's street address listed on the Form 410.

The jurisdiction where the committee is active is where the committee's activity primarily takes place. For example, a city committee would list the name of the city as the jurisdiction.

Statement of Organization
Recipient Committee

Statement Type

☑ Initial ☑ Not yet qualified or ☐ Date qualification threshold met _____/_____/_____	☐ Amendment Date qualification threshold met _____/_____/_____	☐ Termination – See Part 5 Date of termination _____/_____/_____

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

TREASURER INFORMATION — 02

Provide the name, street address, email address, and phone number of the treasurer and assistant treasurer (if any).

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

Statement Type

- ☑ Initial
  - ☑ Not yet qualified
  - or
  - ☐ Date qualification threshold met _____/_____/_____
- ☐ Amendment — Date qualification threshold met _____/_____/_____
- ☐ Termination – See Part 5 — Date of termination _____/_____/_____

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
dmelle@mail.com	(916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

TREASURER INFORMATION — 02

Committees can only have one treasurer and one assistant treasurer.

Candidates may also serve as their own treasurer or assistant treasurer, if desired.

A committee may not accept a contribution or make an expenditure without a treasurer.

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

Statement Type

- ☑ Initial
  - ☑ Not yet qualified
  - or
  - ☐ Date qualification threshold met ____/____/____
- ☐ Amendment — Date qualification threshold met ____/____/____
- ☐ Termination – See Part 5 — Date of termination ____/____/____

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
dmelle@mail.com	(916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

FINANCIAL INFORMATION — 03

For initial Form 410 filing, where the committee has not yet qualified and has not yet established a campaign bank account, you may input “Pending” for all of the name of financial institution and corresponding fields.

Please note that once the committee qualifies, the committee must open a campaign bank account, and amend their Form 410 with this updated information.

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
John Smith for City Council 20XX	

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Pending	Pending	Pending

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
Pending	Pending	Pending	Pending

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

TYPE OF COMMITTEE —— 04

You only need to fill out the sections that are applicable to your committee type.

For the purposes of this video tutorial for candidate controlled committees, you must complete the controlled committee section.
So the committee must complete the first section of part four, and no other sections.

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
John Smith for City Council 20XX	

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Pending	Pending	Pending

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
Pending	Pending	Pending	Pending

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
John Smith	Maple City Council	20XX	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

VERIFICATION — 03

The Form 410 must be signed and dated by the following:

1. committee treasurer or assistant treasurer, and

2. by each controlling officeholder or candidate.

If a candidate is also the treasurer of the committee, they must sign twice: once as the candidate and again as the treasurer.

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

Statement Type

- ☑ Initial
  - ☑ Not yet qualified
  - or
  - ☐ Date qualification threshold met _____/_____/_____
- ☐ Amendment — Date qualification threshold met _____/_____/_____
- ☐ Termination – See Part 5 — Date of termination _____/_____/_____

1. Committee Information — I.D. Number (if applicable)

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED) — AREA CODE/PHONE
dmelle@mail.com — (916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) — CITY — STATE — ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) — AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) — CITY — STATE — ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) — AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 04/13/XX (DATE) By Daisy Melle (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 04/13/XX (DATE) By John Smith (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

PAPER FILINGS - MAIL TO:

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

Must contain an original ink signature on the signature line.

DIGITAL FILINGS - EMAIL TO:

Secretary of State
Via email at:
digitalfiling@sos.ca.gov
As a PDF attachment.

Must contain a verified digital signature on the signature line.

HOW TO AMEND A FORM 410

COMMITTEE QUALIFICATION RULES

When information contained in the committee's Form 410 - Statement of Organization changes, generally you are required to file an amendment to the Form 410 **within 10 days** of the change with the Secretary of State and with your local filing officer.

Please note that in addition to the 10 day rule, a recipient committee that qualifies during the last 16 days prior to an election must file a Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original campaign statements.

After filing an initial Form 410, a committee must file an amendment to the Form 410 once it qualifies by meeting or exceeding the $2,000 qualification threshold.

STATEMENT TYPE —— 00

Mark the amendment box in statement type and add the date the $2,000 qualification threshold was met.

Update any other informational fields as necessary, if there are any changes to the Form 410 since the initial filing.

Statement of Organization
Recipient Committee

Statement Type

☐ Initial
☐ Not yet qualified
or
☐ Date qualification threshold met ____/____/____

☑ Amendment
Date qualification threshold met 05/12/XX

☐ Termination – See Part 5
Date of termination ____/____/____

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED) — AREA CODE/PHONE
dmelle@mail.com — (916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) — CITY — STATE — ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) — AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) — CITY — STATE — ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) — AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

FINANCIAL INFORMATION — 03

Qualified committees must list the name and address of the financial institution where the campaign bank account is located and the bank account number.

Qualified committees must also list the names of persons, other than the treasurer, who are authorized to obtain the bank records of the committee from the financial institution where the committee bank account is maintained.

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
John Smith for City Council 20XX	

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Quail House Credit Union; Barbara Smith	(916) 999-2345	0000000000

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
789 Soup Way	Maple City	CA	95872

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
John Smith	Maple City Council	20XX	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

VERIFICATION — 03

Lastly, sign and date the form on page 1 in part three, the verification section.

Send the signed, dated, and amended Form 410 - Statement of Organization with original signatures to the Secretary of State and file a copy with your local filing officer.

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

Statement Type

- ☐ Initial
  - ☐ Not yet qualified
  - or
  - ☐ Date qualification threshold met
  - _____/_____/_____
- ☑ Amendment
  - Date qualification threshold met
  - 05 / 12 / XX
- ☐ Termination – See Part 5
  - Date of termination
  - _____/_____/_____

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
dmelle@mail.com	(916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 05/12/20XX (DATE) By Daisy Melle (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 05/12/20XX (DATE) By John Smith (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

HOW TO TERMINATE A COMMITTEE - FORM 410

All qualified committees must continue to file campaign statements until they terminate.

In order for a committee to cease its filing obligation, it must terminate the committee.

Committees can terminate once they have met all five conditions:

- They have ceased to receive contributions and make expenditures;
- They do not anticipate receiving contributions or making expenditures in the future;
- They have eliminated or have no intention or ability to discharge all debts, loans received, and other obligations;
- They have no funds and no surplus funds;
- They have filed all required campaign statements disclosing all reportable transactions, including disposition of funds.

After these requirements are met, one last Form 410 is required to be filed to terminate. Additionally, in order to terminate, a local candidate-controlled committee must also file a final Form 460 marked for termination as well with their local filing officer.

STATEMENT TYPE —— 00

To file a termination statement Form 410, mark the termination box in statement type and list the date of termination.

The date of termination generally is the date all funds have been expended by the committee and the committee has a zero ending cash balance.

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

Statement Type

- ☐ Initial
  - ☐ Not yet qualified
  - or
  - ☐ Date qualification threshold met
  - _____/_____/_____
- ☐ Amendment
  - Date qualification threshold met
  - _____/_____/_____
- ☑ Termination – See Part 5
  - Date of termination
  - 06 / 30 / XX

1. Committee Information

I.D. Number (if applicable): 999999999

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
dmelle@mail.com	(916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 _____ (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

VERIFICATION — 03

Complete Page 1 of the Form 410 and update any informational fields as necessary, if there are any changes to the Form 410 since the last filing.

After reviewing the Form 410, both the candidate or elected officer and the treasurer or assistant treasurer must sign and date the Form 410.

Statement of Organization
Recipient Committee

Date Stamp

CALIFORNIA FORM 410
For Official Use Only

Statement Type

- ☐ Initial
  - ☐ Not yet qualified
  - or
  - ☐ Date qualification threshold met
  - _____/_____/_____
- ☐ Amendment
  - Date qualification threshold met
  - _____/_____/_____
- ☑ Termination – See Part 5
  - Date of termination
  - 06 / 30 / XX

1. Committee Information

I.D. Number (if applicable): 999999999

NAME OF COMMITTEE
John Smith for City Council 20XX

STREET ADDRESS (NO P.O. BOX)
123 Box Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Maple City	CA	95872	(707) 909-2020

FULL MAILING ADDRESS (IF DIFFERENT)
PO Box 3456

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jsmith@mail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Tree County	Maple City

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Daisy Melle

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
456 Table Court	Maple City	CA	95872

EMAIL ADDRESS OF TREASURER (REQUIRED): dmelle@mail.com
AREA CODE/PHONE: (916) 888-9090

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 06/30/20XX (DATE) By Daisy Melle (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 06/30/20XX (DATE) By John Smith (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

REMEMBER...

FORM 410
(via mail for physical wet signature, via email for digital signature)

- **ORIGINAL** → **SECRETARY OF STATE**
- **COPY** → **LOCAL FILING OFFICER**

Once the Form 410 marked for termination has been accepted by the Secretary of State's office, you can search for your committee on Cal-Access and see its status listed as "terminated."

RESOURCES

- Form 410
- Form 410 Supplemental Instructions
- Committee Naming Requirements Fact Sheet
- Campaign Disclosure Manual 2
- https://cal-access.sos.ca.gov
- Have Questions? We have Answers!
  - Email Advice: advice@fppc.ca.gov
  - Phone Advice: 1-866-275-3772

    9 – 11:30 a.m. Monday – Thursday