CAMPAIGN – APPLICATION FOR CAL-ONLINE LOGON AND PASSWORD

1. Type of filer for which ID and password are requested for: *(check one)*
   ☐ Recipient Committee ☐ Major Donor/Independent Expenditure Committee
   ☐ Slate Mailer Organization

2. The filing entity's name for which an ID number and password are requested is:

Full name		Phone	ID# (if known)
Street address	City	State	Zip code

Treasurer/Responsible Officer (**Required**, unless filer is an individual)

3. I am submitting this application as a: *(check one)*
   ☐ Treasurer ☐ Assistant Treasurer ☐ Responsible Officer ☐ Major Donor
   ☐ Other *(specify)* _____

4. I am entitled to file campaign statements on behalf of the above entity or person, and hereby apply for the issuance of a logon ID number and a password in order to file statements/reports online/electronically. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on: _____ _____
   Date Printed name

   Signature X _____

   Phone number Email address Fax (if applicable)

5. Return password information via: ☐ Email ☐ Fax Number

Recipient Committees WITHOUT an ID number: If you are required to electronically file a 24-hour report, submit a completed copy of the Form 410 with this application. The signed, original paper copy of the Form 410 must be filed with the Political Reform Division of the Secretary of State's office the following business day.

NOTE: Any online or electronic filing, by an approved vendor or otherwise, is presumed to be filed under penalty of perjury (Government Code §84605(h)).

Fax application to 916-653-5045 or
Email to PASSWORDREQUEST@SOS.CA.GOV

Questions?: Email passwordrequest@sos.ca.gov or call the Cal-Online Help Desk 877-745-3453 or 916-653-7283.