

Print Form

Reset Form

**FORM E-530 CANDIDATE-INVOLVED ISSUE ADVOCACY FILER –
APPLICATION FOR CAL-ONLINE LOGON AND PASSWORD**

1. I am submitting this application as a: *(check one)*

- Treasurer Assistant Treasurer Responsible Officer Major Donor
- Candidate/Controlling Officeholder State Measure Proponent/Opponent
- Other *(specify)* _____

2. The name of the issue advocacy filer for which an ID number and password are requested is:

Full name	Phone	ID# (if known)
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Street address	City	State	Zip code
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3. The filer for which an ID and password are requested is a: *(check one)*

- Recipient Committee Major Donor/Independent Expenditure Committee
- Slate Mailer Organization Individual _____

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
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Signature X _____

Phone number	Email address	Fax (if applicable)
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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)).

**Email this application to PASSWORDREQUEST@SOS.CA.GOV
or fax to 916-653-5045**

If you have any questions, email passwordrequest@sos.ca.gov or call the Help Line at 916-653-7283 or 877-745-3453.