PRINT	RESET FORM

POLITICAL REFORM DIVISION

REQUEST FOR WAIVER OF LIABILITY - FORM PRD-1

(FOR POLITICAL REFORM DIVISION USE ONLY)

California Secretary of State
Political Reform Division
1500 - 11th Street, Room 495
Sacramento, CA 95814
(916) 653-6224

FILER NAME (Committee / Candidate / Major Donor / Lobbying Entity, etc.)

ADDRESS (Number and Street)

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

PERIOD COVERED ON STATEMENT OR REPORT

FORM NO.

ID NUMBER

REASON FOR LATE FILING (Identify and explain the reason for late filing, including all relevant supporting documentation.)
For reasons the Secretary of State's office will consider in determining whether a late filing is eligible for a waiver, refer to our Guidelines
for Waiver of Liability of Late Filing Fines at: https://www.sos.ca.gov/campaign-lobbying/guidelines-waiver-liability-late-filing-fines/

(Continue on reverse or on a separate page)

I declare and certify under penalty of perjury that information on and attached to this Request for Waiver of Liability is true and correct. I hereby request that the Secretary of State's office waive liability for the late filing fine related to the above referenced statement or report.

EXECUTED ON _____, 20 _____ AT _____, _____
                 Month, Day   City   State

_____

Signature of filer, treasurer, responsible officer, or representing attorney

_____

Type or Print Name

REASON FOR LATE FILING (Continued):

POLITICAL REFORM DIVISION USE ONLY

Period Covered			Electronic Filing:	Non-Filer:
			___ On Time	___ 1st
			___ Not Yet Filed	___ 2nd
Date Due		Form No.	___ Not Qualified	___ Referred

	ELECTRONIC		PAPER	Reviewer notes:
Date Filed				
Document ID				
Liability	$		$	

TOTAL LIABILITY	**$**

WAIVER ACTION		
	ELECTRONIC	PAPER
WAIVED	$_____	$_____
REDUCED	$_____	$_____
DENIED	$_____	$_____

REV. 02/2020