Statement of Intention for Electronic Filing Per SB 49

1. General Information
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GENERAL INFORMATION:

1. If missing or incomplete information cannot be determined, attempt to contact the filer by phone or email.
2. The information provided on this form is not entered into AMS.
3. All elements of this form are required.
    a. The form can be processed when all required elements are correctly completed, including original “wet” signature.
4. See Manager when you encounter exceptions to these instructions.

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SECRETARY OF STATE
STATEMENT OF INTENTION FOR ELECTRONIC FILING PER SB 49, [CHAPTER 866, 84602(b)]

This signed statement form is an agreement to participate in the Secretary of State's California Campaign and Lobbyist On-line Electronic Filing Program.

By signing this statement you agree to:

(1) Make your campaign and lobbyist electronic filing software products available to the potential users.

(2) Support the following campaign (Form 400 series) and/or lobbying (Form 600 series) FPPC forms listed below (please check the appropriate boxes next to the form listings table).

(3) Indicate the anticipated cost of your product to the public. It will be posted on our public web site and used for Legislative reporting, required by statute.

1

Questions: (1) Which filing format(s) have you selected? (Check **all** that apply):

_____ California Political Disclosure Electronic Filing Format (.CAL)

_____ American National Standards Institute (ANSI), Accredited Standards Committee (ASC), X12 (Version/Release 4021) Transaction Set 113, Election Campaign and Lobbyist Reporting (X.12)

2

(2) What Forms will you support in the above filing format? (check **every** appropriate box):

CAMPAIGN

400		470	
401		470-S	
402		496	
410		497	
425		498	
450			
460			
461			
		ALL	

LOBBYING

601		630	
602		635	
603		635-C	
604		640	
605		645	
606		690	
607			
615			
625		ALL	

3

(3) What is the public pricing schedule for your product?

_____

I have read the following, and agree to the above requirements for seeking certification as a compatible electronic filing software vendor.

4 5

_____ ----------

(Signature of authorized representative) (Date)

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6

_____
(Print Name of authorized representative)

Please indicate the following:

7

Name of Company (how you would like to see your company name in any media release or web site page):

_____

8 a-e

Contacts:

TECHNICAL:
Name: _____
Phone Number: _____
Mailing Address: _____
E-mail Address: _____
FAX Number: _____

9 a-e

ADMINISTRATIVE:
Name: _____
Phone Number: _____
Mailing Address: _____
E-mail Address: _____
FAX Number: _____

Note: SB 49, 84602 (b) states: (The Office of Secretary of State shall) "Accept test files, from software vendors and others wishing to file reports electronically, for the purpose of determining whether the file format is in compliance with the standardized record format developed pursuant to subdivision (a) and is compatible with the Secretary of State's system for receiving the data. A list of software and service providers who have submitted acceptable test files shall be published by the Secretary of State and made available to the public. Acceptably formatted files shall be submitted by a filer in order to meet the requirements of this chapter."

The filing of this Statement of Intention will permit the filer to enter into the Secretary of State's test filing program for electronic filing, and, upon successful completion, obtain the certification from the Office of the Secretary of State which will permit electronic filing in accordance with the provisions of SB 49, Chapter 866 of 1997.

Please mail your completed application to:

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

Attn: Wendy Brown

DATA ELEMENTS

This section provides guidance for reviewing this form, explaining the data fields the filer must or may complete, and the method used for obtaining missing or incomplete information. It also indicates the location of the corresponding AMS data entry field (if any).

***Methods of Contact (MOC):**
PC –Phone Call or
EM - Email

No.	Data Element	Comments
1	Selected formats – indicate	Vendor may select one or both filing formats; however, PRD currently only supports the .CAL format. There is no formal process to evaluate and certify the X.12 format.
2	Select Forms to be supported in the indicated filing format.	The vendor is not required to specify the format to be used for which form.
3	Public Pricing Schedule	
4	Authorized Signature	Original signature. No constraints or rules on who can sign the form Do not process until a valid signed form is received.
5	Date signed	
6	Printed name of Authorized Representative	
7	Name of Company	
8a	TECHNICAL – Name	
8b	TECHNICAL – Phone Number	
108c	TECHNICAL – Mailing Address	A P.O. Box is allowed.
8d	TECHNICAL – Email Address	
8e	TECHNICAL – Fax Number	
9a	ADMINISTRATIVE – Name	
9b	ADMINISTRATIVE – Phone Number	
9c	ADMINISTRATIVE – Mailing Address	A P.O. Box is allowed.
9d	ADMINISTRATIVE – Email Address	
9e	ADMINISTRATIVE – Fax Number	

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Filing Requirements Checklist

This section provides an explanation of other forms that may have a dependency on this form, or whether this form has any dependencies on other forms.

Attachment Description	Required/ Optional	Comments
None		

Written Notations

This section explains information handwritten or stamped onto the Form.

Entered By	Notation	Comments
None		

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of this form.

Authorized Signer	Comments
None	