Form 402 – Statement of Termination: Slate Mailer Organization

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GENERAL INFORMATION:

1. A “Sendback” letter is sent only when required signatures are missing.
2. In many instances, missing or incomplete information may be found elsewhere in the form, or by other sources (e.g. existing record in AMS, other submitted forms, or elsewhere on the same form, etc.).
3. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter. Any information provided by the filer should also be obtained in writing.
4. Any questions regarding processes should be directed to a PRD supervisor.

Form 402 – Statement of Termination (Slate Mailer Organization): Review Points – Form and AMS

STATEMENT OF TERMINATION

Statement of Termination (Slate Mailer Organization)

(Government Code Section 84221)

Type or Print in Ink

Date Stamp

CALIFORNIA FORM 402

For Official Use Only

File an original and one copy of this form with:
Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814

And, if applicable, file one copy of this form with:
The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.

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1 FULL NAME OF SLATE MAILER ORGANIZATION:

ID NUMBER

NAME OF TREASURER: 6

3 STREET ADDRESS: (NOT P.O. BOX) NO. AND STREET

PERMANENT ADDRESS OF TREASURER: (NOT P.O. BOX) NO. AND STREET 7

4 CITY STATE ZIP CODE

CITY STATE ZIP CODE 8

5 AREA CODE PHONE NO.

AREA CODE DAYTIME PHONE NO. 9

Verification

I have used all reasonable diligence in preparing this Statement. This Slate Mailer Organization has ceased to receive payments and make disbursements in connection with producing "slate mailers," does not anticipate receiving payments or making disbursements in the future, and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

11

10 Executed on _____ DATE At _____ CITY AND STATE By _____ SIGNATURE OF RESPONSIBLE OFFICER 12

13 Name of Responsible Officer _____ TYPE OR PRINT Title _____ 14

NOTE: Additional filing obligations will be incurred if a Slate Mailer Organization receives payments or makes disbursements after this Statement of Termination has been filed.

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DATA ELEMENTS

This section provides guidance for reviewing the Form 402, 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
RL – Rejection Letter (sent for Initial Registration)
EL – Exception Letter (sent for Amendments/Terminations)
OC – Other contact (email, fax)
SB – Sendback Letter
N/A – No Action

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Full Name of Slate Mailer Organization	Yes	Can obtain based on ID number (if provided)	EL - if both Name and ID are missing	Filer: Last Name
2	ID Number	Yes	May obtain based on SMO name (if provided)	EL - if both Name and ID are missing	System generated
3	Street Address (Not P.O. Box) No. and Street	Yes, if changed		N/A	Filer: Address
4	City, State, Zip Code	Yes, if changed		N/A	Filer: Address
5	Area Code/Phone Number	Yes, if changed		N/A	Filer: Address
6	Name of Treasurer	Yes, if changed		N/A	Filer and link to SMO
7	Permanent Address of Treasurer (Not P.O. Box) No. and Street	Yes, if changed		N/A	Filer: Address
8	City, State, Zip Code	Yes, if changed		N/A	Filer: Address
9	Area Code/Phone Number	Yes, if changed		N/A	Filer: Address
10	**Verification:** Execution Date	Yes		N/A	No field available to enter this data.
11	**Verification:** City and State	Yes		N/A	No field available to enter this data.
12	**Verification:** Signature of Responsible Officer	Yes		SB if signature(s) missing EL if other signature issue	No field available to enter this data.
13	**Verification:** Name of Responsible Officer	Yes		N/A	No field available to enter this data.
14	**Verification:** Title	Yes		N/A	No field available to enter this data.

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Filing Requirements

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
Public Desk	Date Stamp	The date stamp includes “Received and Filed.”
Reviewer	FPPC ID#	This is written at the top of the form, and optionally also along the left side in large numbers.
Reviewer	“R” for “Reviewed” and Initials	
Reviewer	In the “For Official Use Only” section, notate “E” indicating an Exception letter was sent.	If Exception letter is sent.

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 402.

Authorized Signer	Comments
Responsible Officer	