Form 400 – Statement of Organization: Slate Mailer Organization

1. General Information
2. Application Form
3. Data Elements
4. Filing Requirements
5. Written Notations
6. Signature Requirements

GENERAL INFORMATION:

1. Initial Form 400: send a Rejection letter if the signature(s) is/are missing
2. Amended Form 400: Send a “Sendback” letter when the signature(s) is/are missing.
3. 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.).
4. If missing or incomplete information cannot be determined, attempt to contact the filer by phone, email or letter.
5. Any questions regarding processes should be directed to a PRD supervisor.

Form 400 – Statement of Organization (Slate Mailer Organization): Review Points – Form and AMS

STATEMENT OF ORGANIZATION

Statement of Organization (Slate Mailer Organization)

(Government Code Sections 84100, 84101, 84103, 84104, 84108)

Type or Print in Ink

2

Amendment

☐ Check box if an Amendment and enter I.D. number:

#

Date Stamp

CALIFORNIA FORM 400

For Official Use Only

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Please check one box to indicate the organization's level of activity:

1

☐ CITY
☐ STATE
☐ COUNTY

File 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 officer, if any, with whom the organization must file its original campaign disclosure statements.

Date qualified as a Slate Mailer Organization:
(Month, Day, Year)

3

I Slate Mailer Organization Information

4 FULL NAME OF SLATE MAILER ORGANIZATION: 8

5 STREET ADDRESS OF SLATE MAILER ORGANIZATION: (NO AND STREET) AREA CODE PHONE NUMBER 9

6 CITY STATE ZIP CODE COUNTY OPTIONAL: FAX / E-MAIL ADDRESS

7 MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

II Treasurer And Other Principal Officers

11 12

10

POSITION	NAME AND PERMANENT ADDRESS	(AREA CODE) DAYTIME PHONE NO.
TREASURER		

Attach additional information on appropriately labeled continuation sheets.

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Statement of Organization
(Slate Mailer Organization)
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Type or Print in Ink

STATEMENT OF ORGANIZATION
CALIFORNIA FORM **400**
Page 2

4 FULL NAME OF SLATE MAILER ORGANIZATION:

III Individuals Who Authorize Contents Of Slate Mailers *(See instructions on reverse)*

14

13

FULL NAME	ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)	(AREA CODE) DAYTIME PHONE NO.

15

Attach additional information on appropriately labeled continuation sheets.

IV Is This Organization A "Committee" Pursuant To Government Code Section 82013?

16 ☐ YES (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.) ☐ NO

17 NAME _____ ID NO. _____ 18

V Verification

I have used all reasonable diligence in preparing this statement. I 20 eviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

19 Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF RESPONSIBLE OFFICER) 21

22 Name of Responsible Officer _____ (TYPE OR PRINT) Title _____ 23

DATA ELEMENTS

This section provides guidance for reviewing the Form 400, 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

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Checkbox – Organization's Level of Activity	Yes		RL	No field available to enter this data.
2	Amendment checkbox	Yes, if amendment		RL	No field available to enter this data.
3	Date Qualified as a Slate Mailer Organization	Yes – if Qualified		N/A	Add New Filer/Filer: Set Qualified Date
4	**Slate Mailer Organization Information:** Full Name of Slate Mailer Organization	Yes	The entire name of the SMO is entered in the "Last" field.	RL – only if a duplicate is on file	Add New Filer/Filer: Name
5	**Slate Mailer Organization Information:** Street Address of Slate Mailer Organization	Yes	P.O. Box is not allowed	RL	Add New Filer/Filer: Address
6	**Slate Mailer Organization Information:** City, State, Zip Code, County	Yes		RL	Add New Filer/Filer: Address
7	**Slate Mailer Organization Information:** Mailing Address of Filer (If Different than above)	Yes – if different than above	P.O. Box is allowed	N/A	Add New Filer/Filer: Address
8	**Slate Mailer Organization Information:** Area Code/Phone Number	Yes		RL	Add New Filer/Filer: Address
9	**Slate Mailer Organization Information:** Optional – Fax/Email address	No		N/A	Add New Filer/Filer: Address
10	**Treasurer and Other Principal Officers:** Position	Yes		RL	Add New Filer/Filer: Name
11	**Treasurer and Other Principal Officers:** Name and Permanent Address	Yes	P.O. Box is not allowed	RL	Add New Filer/Filer: Name/Address

Form 400 – Statement of Organization (Slate Mailer Organization): Review Points – Form and AMS

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
12	**Treasurer and Other Principal Officers:** (Area Code) Daytime Phone No.	Yes		RL	Add New Filer/Filer: Address
13	**Individuals Who Authorize Contents of Slate Mailers:** Full Name	Yes		RL	No field available to enter this data.
14	**Individuals Who Authorize Contents of Slate Mailers:** Address (No. and Street, City, State, Zip Code)	Yes	P.O. Box is not allowed	RL	No field available to enter this data.
15	**Individuals Who Authorize Contents of Slate Mailers:** (Area Code) Daytime Phone No.	Yes		RL	No field available to enter this data.
16	**Is this Organization a "Committee" Pursuant to Government Code Section 82013?** Checkbox	Yes		RL	No field available to enter this data.
17	**Is this Organization a "Committee" Pursuant to Government Code Section 82013?** If Yes - Name	Yes – if "Yes" checkbox selected		RL	No field available to enter this data.
18	**Is this Organization a "Committee" Pursuant to Government Code Section 82013?** If Yes – ID No.	Yes – if "Yes" checkbox selected		RL	No field available to enter this data.
19	**Verification:** Execution Date	Yes		RL	No field available to enter this data.
20	**Verification:** City and State	Yes		RL	No field available to enter this data.
21	**Verification:** Signature of Responsible Officer	Yes		RL	No field available to enter this data.
22	**Verification:** Name of Responsible Officer	Yes		Yes, if signature does not appear to match the name of a Responsible Officer	No field available to enter this data.
23	**Verification:** Title	Yes		Can obtain from page 1	No field available to enter this data.
24	For Official Use Only		Refer to Notations		

Form 400 – Statement of Organization (Slate Mailer Organization): Review Points – Form and AMS

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#	
Reviewer	S – Slate Mailer Organization L for Local or S for State County Code	See other example.
Reviewer	In OUO – R/CP for (Reviewed/Reviewer Initials) if a filer record was created).	
Reviewer	Upper Right corner – indicate: “Rejected” and initial/date “Returned” and initial/date	Do if Rejected. The Rejected and Returned dates may not be the same date. Also done for the Form 410s

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 400, based on the Committee Type.

Authorized Signer	Comments
Anyone listed as a Responsible Officer may sign.	
A Professional Treasurer who is not listed as a Responsible Officer may sign the form in place of a Responsible Officer.	