	Form 470 – Officeholder and Candidate Campaign Statement Short Form Review Points – Form and AMS

Form 470 Supplement – Officeholder and Candidate Campaign Statement

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

GENERAL INFORMATION:

1. Information on this Form is NOT entered into AMS.
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, as stated in the Data Elements section.
4. This document does NOT address the Form 470 Supplement Form.
5. Any questions regarding processes should be directed to a PRD supervisor.

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Officeholder and Candidate Campaign Statement - Short Form

1

2

Date of election if applicable: (Month, Day, Year)

☐ Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

3

1. Statement Covers Calendar Year 20 _____.

4 a-e

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

CITY | STATE | ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

5 a-c

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE)

6 a-c

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

7 a-b

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2 ,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form | Print Form

FPPC Form 470/470 Supplement (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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DATA ELEMENTS

This section provides guidance for reviewing the Form 470, 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 needed

No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
1	Date of Election, if applicable (Month, Day, Year)	Yes		RL	None
2	Amendment Checkbox	No	Should be indicated if an amendment; may be penciled in	N/A	None
3	Statement Covers Calendar Year 20__	Yes	Use January 1 of Year on form as Period From Date Use December 31 of Year on form as Period To Date Example: Year on form=17 Period From Date=01/01/2017 Period To Date=12/31/2017	RL	None
4a	**Officeholder or Candidate Information:** Name of Officeholder or Candidate	Yes		RL	None
4b	**Officeholder or Candidate Information:** Street Address	Yes	P.O. Box is not allowed	RL	None
4c	**Officeholder or Candidate Information:** City, State, Zip Code	Yes		RL	None
4d	**Officeholder or Candidate Information:** Area Code/Daytime Phone Number	Yes		RL	None
4e	**Officeholder or Candidate Information:** Fax/Email address	No		N/A	None
5a	**Office Sought or Held:**Office Sought	Yes		N/A	None
5b	**Office Sought or Held:** Jurisdiction (Location)	Yes	Check for local jurisdiction	SB – if office is for a Local Jurisdiction	

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No.	Data Element	Required: Yes/No	Comments	Action if missing/ incomplete/ *MOC	AMS Data Entry
5c	**Office Sought:**District Number (if applicable)	No		N/A	None
6a	**Committee Information:** Committee Name and ID Number	Yes		RL	None
6b	**Committee Information:** Committee Address	Yes		RL	None
6c	**Committee Information:** Name of Treasurer	Yes		RL	None
7a	**Verification:** Execution Date	Yes		RL	None
7b	**Verification:** Signature of Officeholder or Candidate	Yes		SB if signature missing RL if other signature issue	None

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.”
Registration Reviewer	FPPC ID#	An FPPC ID# is not issued based on receipt of the Form 470- Supplement; however, if the Form 410 has been received and a record is identified, the FPPC ID# is noted at the top of the Form 470-Supplement.
Registration Reviewer	“R” for “Reviewed” and Initials “E” for Exception” (letter sent) and initials	
Registration Reviewer	Enter any important information that should be noted on the form in the “For Official Use Only” section.	

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Entered By	Notation	Comments
Registration Reviewer	In the "For Official Use Only" section, notate "E" indicating an Exception letter was sent.	

Signature Requirements

This section provides guidance on the individual(s) who may act as an authorized signer of the Form 470.

Authorized Signer	Comments
Candidate only	